FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Tracinington, 210. 200 to

OIVID APPROVAL										
OMB Number:	3235-0287									
Estimated average burde	en									
hours per response:	0.5									

## Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* <u>Jesse Sandra</u>						2. Issuer Name <b>and</b> Ticker or Trading Symbol HAEMONETICS CORP [ HAE ]								Relationship leck all appli Directo	cable) or	g Pers	10% Ow	/ner	
(Last) (First) (Middle) 400 WOOD ROAD						3. Date of Earliest Transaction (Month/Day/Year) 10/25/2011								X Officer below)	(give title VP & CI		Other (s below)	pecify	
(Street) BRAINTREE MA 02184 (City) (State) (Zip)					4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. I	e) X Form t Form t	Form filed by One Reporting Person  Form filed by More than One Reporting  Person				
		Tal	ole I - Nor	າ-Deri\	vativ	e Se	curitie	s Ac	quired,	Dis	osed o	f, or Bei	neficial	ly Owned					
1. Title of Security (Instr. 3)  2. Transa Date (Month/D						Execution D			Code (I	Transaction Disposed Of (D) (Instr. 3, 4 Code (Instr. 5)			Benefic Owned	es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	mount (A) or (D)		Transac	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Common Stock 10/25/					5/201	5/2011		A		1,711 <sup>(1)</sup> A		\$0.0	1 1,3	,711 <sup>(2)</sup>		D			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	cise (Month/Day/Year)	3A. Deemed Execution Dat if any (Month/Day/Yo	Date, 1	4. Transa Code (I 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisa Expiration Date (Month/Day/Year			7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	Amount or Number of Shares						
Non- Qualified Stock Option (right to buy)	\$61.35	10/25/2011			A		15,370		10/25/2012	(3)	10/25/2018	Common Stock	15,370	\$61.35	15,37	0	D		

## Explanation of Responses:

- 1. Restricted Stock Unit Grant which vest 25% per year over 4 years following the grant date. Grant was made under 2005 Long Term Incentive Compensation Plan.
- 2. Total includes Restricted Stock Awards and/or Restricted Stock Units that are subject to restrictions until vesting requirements are met. Grant was made under 2005 Long Term Incentive Compensation Plan.
- 3. Grant to reporting person of right to buy shares of common stock exercisable in annual increments of 25 percent beginning on the first anniversary of the date of grant.

By: Susan M. Hanlon For:

Sandra Jesse

10/26/2011

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.