SEC Form 4

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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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

OMB APPROVAL 3235-0287 OMB Number: Estimated average burden hours per response: 0.5

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1. Name and Address of Reporting Person [*] CONCANNON BRIAN						2. Issuer Name and Ticker or Trading Symbol HAEMONETICS CORP [HAE]								5. Relationship of Reportir (Check all applicable) Director			ng Person(s) to Issuer	
(Last) 400 WO	(F OD ROAD	First)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 11/01/2005									(give title	Other (specify below) atient Division		
(Street) BRAINTREE MA 02184					4. If Am	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting				
(City)	(5	State)	(Zip)		Person													
		Tab	ole I - Nor	n-Deri	vative Se	curities A	cqu	ired,	Disp	posed	of, c	or Ben	eficially	y Owned	l			
1. Title of Security (Instr. 3) 2. Transa Date (Month/E					n/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)						Form:	Direct Indirect tr. 4)	7. Nature of Indirect Beneficial Ownership
								Code	v	Amoun	unt (A) or (D)		Price	Transact	Transaction(s) (Instr. 3 and 4)			(Instr. 4)
Common Stock 11/01)5		P ⁽¹⁾		43		A	\$35.88	6,	643]	D	
		-				urities Ac		-			-		-	Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution I if any (Month/Day	Date,	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities	Expi	6. Date Exercisable and Expiration Date (Month/Day/Year) Derivative S				ecurities erlying		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia	e (5 F	10. Ownership Form: Direct (D)	11. Nature of Indirec Beneficia Ownershi

Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year)	Execution Date, if any (Month/Day/Year)	Transa Code (8)				Expiration Da (Month/Day/Y		of Securiti Underlying Derivative (Instr. 3 ar	g Security	Derivative Security (Instr. 5)	derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	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)	\$22.635							(2)	09/15/2013	Common Stock	100,000		100,000	D	
Non- Qualified Stock Option (right to buy)	\$26.105							(2)	05/05/2014	Common Stock	15,000		15,000	D	
Non- Qualified Stock Option (right to buy)	\$41.15							(2)	07/27/2012	Common Stock	19,000		19,000	D	

Explanation of Responses:

1. Acquisition of shares of Common Stock pursuant to the Employee Stock Purchase Plan. Participant elected to purchase shares at least six months in advance of the effective date of the transaction. 2. 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: Ronald J. Ryan For: Brian	11/03/2005
<u>Concannon</u>	11/03/2005

** Signature of Reporting Person Date

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

* 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.