FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	DC	205/19	
vasi iii iyluli,	D.C.	20049	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-0287									
Estimated average	burden									
hours nor resnance	. 0.5									

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

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

Name and Address of Reporting Person* Lingamneni Anila					<u>HA</u>	2. Issuer Name and Ticker or Trading Symbol HAEMONETICS CORP [HAE]								(Ch	eck all appl Direct	icable)	ng Per	rson(s) to Is 10% Ov Other (s	vner
(Last) (First) (Middle) 125 SUMMER STREET				3. Date of Earliest Transaction (Month/Day/Year) 05/15/2023									pelow	below) EVP, Chief Tec		below)	er		
				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) BOSTON MA 02110				-	X Form filed by One Reporting Person Form filed by More than One Reporting Person														
(City)	City) (State) (Zip)					Rule 10b5-1(c) Transaction Indication													
						Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.									led to				
		Tabl	e I - No	n-Deriv	ative	Sec	uritie	s Ac	quired,	Dis	posed (of, or E	3en	eficial	ly Owne	d			
Date			2. Transa Date (Month/D		Execution Date,		Transaction Disposed		rities Acquired (A) or ad Of (D) (Instr. 3, 4 and		Benefic Owned	ies ially Following	es Form ally (D) o following (I) (Ir		7. Nature of Indirect Beneficial Ownership				
								Code	v	Amount	(A)	or	Price	Reporte Transac (Instr. 3	ction(s)			(Instr. 4)	
Common Stock 05/			05/15	/2023	2023			A		3,364	(1)	A	(2)	20,	,807 ⁽³⁾		D		
Common Stock 05/16/			/2023	023 F 318 ⁽⁴⁾ D \$89		\$89.2	20,489 ⁽³⁾		D										
		Ta	able II -						uired, D , option						Owned				
1. Title of Derivative Security (Instr. 3)	erivative Conversion Date Execution Date, ecurity or Exercise (Month/Day/Year) if any		4. Transac Code (Ir 8)	Transaction Code (Instr.		ı of E		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	OI N Of	lumber					
Non- qualified Stock Option (Right to	\$89.16	05/15/2023			A		7,602		(5)	0	5/15/2030	Commo Stock	n 7	7,602	\$0	7,602		D	

Explanation of Responses:

- 1. The securities awarded are in the form of restricted stock units ("RSUs") issued pursuant to the Haemonetics Corporation 2019 Long-Term Incentive Compensation Plan. The RSUs vest in three equal annual installments beginning on the first anniversary of the date of grant.
- 2. Each RSU represents a contingent right to receive one (1) share of the Issuer's common stock when vested.
- 3. This number includes unvested RSUs previously reported as well as 297 shares acquired by the reporting person under the Issuer's 2007 Employee Stock Purchase Plan (as amended) on April 28, 2023.
- 4. Represents shares withheld for tax obligations in connection with the vesting of certain RSUs previously reported in Table I.
- $5.\ Option\ vests\ in\ annual\ increments\ of\ 25\%\ beginning\ on\ the\ first\ anniversary\ of\ the\ date\ of\ grant.$

/s/ Thomas V. Powers, attorney-in-fact for Ms.

Lingamneni

** Signature of Reporting Person Date

05/17/2023

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.