FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5

obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D	C. 20549
---------------	----------

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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* Helsel Dave						2. Issuer Name and Ticker or Trading Symbol HAEMONETICS CORP [HAE]								ck all applica Director	ıble)	10%		ner
(Last) (First) (Middle) 400 WOOD ROAD					3. Date of Earliest Transaction (Month/Day/Year) 10/22/2014								below)	(give title P, Global Man		Other (s below) facturing	pecify	
(Street) BRAINTF (City)	REE MA		02184 (Zip)		4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable le) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
Table I - Non-Deriv 1. Title of Security (Instr. 3) 2. Transa Date (Month/E				nsactio	n	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4		(A) or	5. Amoun Securities Beneficial Owned Fo	i lly	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)					
Common Stock				10/2	10/22/2014						3,597(1)	A	\$0.0	13,617			D	
Common Stock			10/2	/24/2014				D		243(2)	D	\$35.44	13,374			D		
											osed of, o			wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	se (Month/Day/Year)	3A. Deemed Execution E if any (Month/Day	Date,	4. Transaction Code (Instr. 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 an of Securit Underlyin Derivative (Instr. 3 an	g Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transact (Instr. 4)	e es ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	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)	\$34.745	10/22/2014			A		15,964		10/22/2015	j(3)	10/22/2024	Common Stock	15,964	\$0.0	15,96	64	D	
Performance	\$0.0	10/22/2014					7 104		00/20/2017	(4)	12/21/2017(4)	Common	7 104	\$0.0	7 10	14	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. Pursuant to a 10b5-1 Plan to cover tax liability for released shares.
- 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.
- 4. Performance Share Units represent a right to receive one share of Haemonetics Corporation common stock for each Performance Stock Unit based on the performance of Haemonetics stock price relative to the Standard & Poors Health Care Equipment Index. The number of Performance Stock Units (and therefore the number of shares payable) will depend on the Company's stock price performance between October 1, 2014 and September 30, 2017. The Performance Stock Units disclosed in column 5 represent a target amount. The number of shares ultimately issued could range from none to twice the target amount in column 5. The Performance Stock Units were granted under the 2005 Haemonetics Corporation Long-Term Incentive Compensation Plan and are exempt under Rule 16b-3(d).

By: Alexander Steffan For: 10/24/2014

** Signature of Reporting Person

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.