FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

washington, D.C. 205

OMB AP	PROVAL
OMB Number:	3235-028

OMB Number: 3235-0287 Estimated average burden 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).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

					or	Sect	ion 30(h)	of th	e Investment	Cor	npany Act	of 1940								
1. Name and Address of Reporting Person* HANLON SUSAN M						2. Issuer Name and Ticker or Trading Symbol HAEMONETICS CORP [HAE]									Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) (First) (Middle) 400 WOOD ROAD						3. Date of Earliest Transaction (Month/Day/Year) 10/22/2008								X Officer (give title Other (specify below) VP Finance						
(Street) BRAINTREE MA 02184 (City) (State) (Zip)					4.	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 Person							
(City)																				
1 Tido of	Caarreiter (Ima		ole I - Non			_			cquired, I	Dis	1				1		l c o	anahin	7. Nature	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				2. Transaction Date (Month/Day/Year		Execution Dat		Code (I		Disposed 5)	ities Acquired (A) d Of (D) (Instr. 3, 4			5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		of Indirect Beneficial Ownership (Instr. 4)		
	<u> </u>									V	Amount	(D)		ice	Transaction(s) (Instr. 3 and 4)			_		
Common	Stock				2/200				A		900(1			0.01		31 ⁽²⁾		D		
									quired, Di ts, option						Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution I if any (Month/Day	Date,	4. Transaction Code (Instr. 8)		5. Number of		6. Date Exercisable at Expiration Date (Month/Day/Year)			7. Title and Am of Securities Underlying Derivative Secu (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. Ownershi Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership t (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	Amo or Num of Shar	ber						
Non- Qualified Stock Option (right to buy)	\$54.55	10/22/2008			A		3,603		10/22/2009 ⁽³	3)	10/22/2015	Commo Stock	3,6	603	\$0	3,603	3	D		
Non- Qualified Stock Option (right to buy)	\$26.105								(3)		05/05/2014	Commo Stock	5,0	000		5,000)	D		
Non- Qualified Stock Option (right to buy)	\$30.385								(3)		05/28/2012	Commo Stock	12,	500		12,500	0	D		
Non- Qualified Stock Option (right to buy)	\$41.15								(3)		07/27/2012	Commo Stock	5,0	000		5,000)	D		
Non- Qualified Stock Option (right to buy)	\$51.07								10/24/2008 ⁽³	3)	10/24/2014	Commo Stock	¹ 3,5	669		3,569)	D		
Non- Qualified Stock Option (right to	\$52.76								05/05/2007 ⁽⁾	3) (05/05/2013	Commo Stock	7,2	82		7,282	2	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.

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.