FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL								
OMB Number: 3235-0104								
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

1. Name and Add MEELIA R	2. Date of Event Requiring Statement (Month/Day/Year) 07/27/2005 3. Issuer Name and Ticker or Trading Symbol HAEMONETICS CORP [HAE]												
(Last)	Last) (First) (Middle)		1		Relationship of Reporting Person(s) to Is (Check all applicable) N Director 10% O			s) to Issuer		5. If Amendment, Date of Original Filed (Month/Day/Year)			
(Street)						Officer (give title below)	Other (spe	ecify	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person				
BRAINTREE	MA	02184								Form filed by Reporting Pe	y More than One erson		
(City)	(State)	(Zip)											
Table I - Non-Derivative Securities Beneficially Owned													
1. Title of Security (Instr. 4)						unt of Securities cially Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)													
1. Title of Derivative Security (Instr. 4)			2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Secur Underlying Derivative Securi			4. Conver or Exer Price o	rcise	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
	Date Exercisable	Expiratior Date	n Title	e	Amount or Number of Shares	Amount Derivati or Security Number of		Direct (D) or Indirect (I) (Instr. 5)					

Explanation of Responses:

No securities are beneficially owned.

By: Ronald J. Ryan For: Richard J. Meelia

07/27/2005

** 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 5 (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.