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

OMB APPROVAL MB Number: 3235-0287

0.5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:
	Estimated average burden
	hours per response:

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 Addres	ss of Reporting Person	n*	2. Issuer Name and Ticker or Trading Symbol HAEMONETICS CORP [HAE]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) 400 WOOD RO	(First) (Middle)		3. Date of Earliest Transaction (Month/Day/Year) 10/20/2015	x	Officer (give title below) EVP and Chief Le	Other (specify below)			
(Street) BRAINTREE (City)	MA (State)	02184 (Zip)	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line) X	ridual or Joint/Group Filing Form filed by One Rep Form filed by More that Person	orting Person			

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code (8)					5. Amount of Securities Beneficially Owned Following Reported		7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount	mount (A) or (D) Price		Transaction(s) (Instr. 3 and 4)		(1151114)
Common Stock	10/20/2015		Α		3,323 ⁽¹⁾	A	\$0.01	17,971	D	

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

			(),	· /		,		· • ·							
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		nsaction of		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)	11. Nature 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)	\$31.97	10/20/2015		А		14,608		10/20/2016 ⁽²⁾	10/20/2022	Common Stock	14,608	\$31.97	14,608	D	
Performance Shares	\$0	10/20/2015		A		6,646		09/30/2018 ⁽³⁾	12/31/2018	Common Stock	6,646	\$0	6,646	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. 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.

3. Performance Share Units represent a right to receive one share of Haemonetics Corporation common stock for each Performance Share Unit based on the performance of Haemonetics stock price relative to the Standard & Poors Health Care Equipment Index. The number of Performance Share Units (and therefore the number of shares payable) will depend on the Company's stock price performance between October 1, 2015 and September 30, 2018. The Performance Share 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 Share Units (and company's company) and are exempt under Rule 16b-3(d).

<u>/s/ Alexander P. Steffan,</u> <u>attorney-in-fact for Ms. Jesse</u>

10/23/2015

Date

** 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.