FORM 4

Check this box if no longer subject to

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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

1. Name and Address of Reporting Person* MEELIA RICHARD J					2. Issuer Name and Ticker or Trading Symbol HAEMONETICS CORP [HAE]								(Ch	Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
(Last) (First) (Middle) 400 WOOD ROAD					3. Date of Earliest Transaction (Month/Day/Year) 07/31/2008									Officer (give title Other (specify below) below)						
(Street) BRAINTREE MA 02184 (City) (State) (Zip)				4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)										G. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tak	ole I - Nor	n-Deriv	vativ	e Se	curitie	s A	cquired,	Dis	posed o	f, or	Bene	ficial	ly Owned	<u> </u>				
1. Title of Security (Instr. 3) 2. Train Date (Montile Control of the Control of			2. Trans			2A. Deemed Execution Date, if any (Month/Day/Year)		e, 3. Transac Code (I	ransaction D Code (Instr. 5		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4		A) or	5. Amou Securitie Beneficia	nt of es ally following	Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	V	Amount	(D)		Price	Transaction(s) (Instr. 3 and 4)						
Common	Stock				1/200				A		354		A	\$0.0		.1(1)		D		
		·							quired, Dis, 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. Transactior Code (Instr. 8)		n of E		Expiration [6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Ame of Securities Underlying Derivative Secu (Instr. 3 and 4)		curity	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	Ow For Ily Dire or I	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	or No of	umber						
Non- Qualified Stock Option (right to buy)	\$58.46	07/31/2008			A	V	5,664		07/31/2009	2) (7/31/2018	Comn		,664	\$0	5,664	1	D		
Non- Qualified Stock Option (right to buy)	\$41.15								(3)		7/27/2012	Comn		0,000		20,00	0	D		
Non- Qualified Stock Option (right to buy)	\$49.92								08/01/2008	2)	08/01/2014	Comn		-,592		4,592	2	D		
Non- Qualified Stock Option (right to buy)	\$52.76								05/05/2006 ⁽	3) (05/05/2013	Comn		5,000		6,000)	D		

Explanation of Responses:

- 1. 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.
- 2. Grant to reporting person of right to buy shares of common stock exercisable 100 percent on the first anniversary of the date of grant.
- 3. Grant to reporting person of right to buy shares of common stock exercisable immediately.

By: Susan Hanlon For: Richard 08/04/2008 J Meelia

** 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 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.