FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES I	N BENEFICIAL	OWNERS

	OMB APPROVAL									
	OMB Number:	3235-0287								
l	Estimated average burden									
l	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

					U	Seci	11011 301	(11) 01 1116	e ilivesille	in C	ompany Act	01 1940						
1. Name and Address of Reporting Person* ALLEN PETER M (Last) (First) (Middle) 400 WOOD ROAD					2. Issuer Name and Ticker or Trading Symbol HAEMONETICS CORP [HAE] 3. Date of Earliest Transaction (Month/Day/Year) 11/06/2007 4. If Amendment, Date of Original Filed (Month/Day/Year)								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
													^ below	Officer (give title below) President, Donor Division			вреспу 	
(Street) BRAINTREE MA 02184			4.	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting														
(City) (State) (Zip)												Person						
		Tak	le I - No	on-Der	ivativ	e Se	ecurit	ties A	cquired,	, Di	sposed o	f, or Be	neficia	ally Owned	k			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)				Execution Date,		3. Transac Code (Ir 8)				(A) or 3, 4 and	5. Amount of Securities Beneficially Owned Following Reported		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	Transa	Transaction(s) (Instr. 3 and 4)			(,
Common	Stock			11/06	5/2007	.007			M		6,350	A	\$21.	46 11,	11,319(1)		D	
Common Stock		11/06	11/06/2007				S		6,350	D	\$57.4	381 4,	4,969(1)		D			
		•	Table II								oosed of, convertil			ly Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deen Executio if any (Month/D	n Date,	ate, Transac Code (In		ction of		6. Date Exercisable and Expiration Date (Month/Day/Year)		е	7. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4)		Derivative Security (Instr. 5)		e Ow s For lly Dir or I (I) (10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisab	ıle	Expiration Date	Title	Amoun or Numbe of Shares	r				
Non- Qualified Stock Option (right to buy)	\$21.46	11/06/2007			M			6,350	(2)		09/03/2013	Common Stock	6,350	\$57.4381	93,65	0	D	
Non- Qualified Stock Option (right to buy)	\$26.105								(2)		05/05/2014	Common Stock	15,00	0	15,000		D	
Non- Qualified Stock Option (right to buy)	\$41.15								(2)		07/27/2012	Common Stock	19,00	0	19,00	0	D	
Non- Qualified Stock Option (right to buy)	\$51.07								10/24/2008	8 ⁽²⁾	10/24/2014	Common Stock	18,21	3	18,21	3	D	
Non- Qualified Stock Option (right to buy)	\$52.76								05/05/2003	7 ⁽²⁾	05/05/2013	Common Stock	16,64	4	16,64	4	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. Grants 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.

By: Susan Hanlon For: Peter M 11/07/2007 <u>Allen</u>

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.