FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.	C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours per respense:	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

					0	r Section	on 30	(h) of the	Investm	ient C	ompany Act o	of 1940									
1. Name and Address of Reporting Person*  MEELIA RICHARD J						2. Issuer Name and Ticker or Trading Symbol HAEMONETICS CORP [ HAE ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
اللائلة الا	AIGH										X Director				10% Ov	vner					
(Last) (First) (Middle) 125 SUMMER STREET						3. Date of Earliest Transaction (Month/Day/Year) 02/04/2021									Officer (give title Other (specify below) below)						
					_ 4.	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
(Street)			,,									Line)									
BOSTO	N M	ΙA	02110												Form filed by One Reporting Person  Form filed by More than One Reporting						
(City)	(S	tate)	(Zip)											Person							
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day						Execution Da					4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a			Beneficiall Owned Fol		s Formally (D) of ollowing (I) (II)		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price		Reported Transact (Instr. 3 a	tion(s)			(Instr. 4)		
Common Stock 02/04/2						021			M <sup>(1)</sup>		10,353	A	\$35.5	5.5025		403(2)		D			
Common Stock 02/04/2					/2021	.021			S		10,353	D	\$134.6	\$134.64 <sup>(3)</sup>		32,050 <sup>(2)</sup>		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)	Title of 2. 3. Transaction Pare Conversion Date Execution Date, or Exercise (Month/Day/Year) if any				4. Transaction Code (Instr. 8)		5. Number of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4)		nt 8.	erivative security str. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)			
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amour or Number of Shares	er							
Non- qualified Stock Option (Right to Buy)	\$35.5025	02/04/2021			M <sup>(1)</sup>			10,353	07/23/20	015 <sup>(4)</sup>	07/23/2021	Common Stock	10,35	3	\$0	0		D			

## Explanation of Responses:

- $1. \ The reporting person exercised options that were granted in 2014 and scheduled to expire on July 23, 2021, as reflected in this Form 4.\\$
- $2.\ This\ number\ includes\ unvested\ restricted\ stock\ units\ previously\ reported.$
- 3. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$134.39 to \$135.30, inclusive. The reporting person undertakes to provide to Haemonetics Corporation ("Haemonetics"), any security holder of Haemonetics, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote.
- 4. Options vest 100% on the first anniversary of the date of grant.

/s/ Thomas V. Powers, attorney-02/05/2021 in-fact for Mr. Meelia

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.