FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Vashington, | D.C. 20549 | |
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| Check this box if no longer subject |
|-------------------------------------|
| to Section 16. Form 4 or Form 5 |
| obligations may continue. See |
| Inchrication 4/b) |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | | |
| 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

| Name and Address of Reporting Person* Lingamneni Anila | | | | 2. Issuer Name and Ticker or Trading Symbol HAEMONETICS CORP [HAE] | | | | | | | | eck all app Direc | nship of Reportin applicable) birector | | 10% O | wner | | | | |
|--|--|--|---------------------------------|---|---------|--|--|---|---|----------|---|----------------------------|--|--|--|------|---------------------------------|------------|--|--|
| (Last) (First) (Middle) 125 SUMMER STREET | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/19/2022 | | | | | | | | below | Officer (give title below) EVP, Chief Tech | | Other (s below) ogy Offic | · | | |
| (Street) BOSTO | N M. | | 2110 Zip) | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line | e) X Form Form | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| Date | | | 2. Transac Date (Month/Da | Execution Date, | | Date, | 3. Transaction Disposed Of (D) (Instr. 3, 8) | | | | Benefic | ies cially Following | Form: | Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | | | | |
| | | | | | | | | Code | v | Amount | (A) (D) | or | Price | Transa | ction(s) 3 and 4) | | | (Instr. 4) | | |
| Common Stock | | | 05/19/2 | /2022 | | | | S ⁽¹⁾ | | 1,384(1) |) D | | \$59 . | 9.1 17,322 ⁽²⁾ | | | 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) | ive Conversion Date Execution Date, y or Exercise (Month/Day/Year) if any | | 4. Transa Code (8) | (Instr. Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date | | Amount of Securities Underlying Derivative Security (Ins 3 and 4) Expiration Amount of Security (Ins 3 and 4) | | ount | 8. Price of Derivative Security (Instr. 5) | | | 0. Ownership Form: Direct (D) Or Indirect I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | | |

Explanation of Responses:

1. Represents the number of shares required to be sold by the reporting person to cover tax withholding obligations in connection with the vesting of certain restricted stock units ("RSUs") previously reported in Table I following the date of grant. This sale is mandated by the Issuer's election under its 2019 Long Term Incentive Compensation Plan to require the satisfaction of tax withholding obligations to be funded by a "sell to cover" transaction and does not represent a discretionary trade by the reporting person.

2. This number includes unvested RSUs previously reported.

/s/ Thomas V. Powers,

attorney-in-fact for Ms. 05/23/2022

Lingamneni

** 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.