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
-------------	------	-------

STA	TEM	ENT	OF

F CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 OMB Number: 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* Helsel Dave				2. Issuer Name and Ticker or Trading Symbol HAEMONETICS CORP [HAE] 5. Relationship of Reporting Perso (Check all applicable) Director Officer (give title											10% Ov	/ner		
(Last) 400 WOC	(Fir DD ROAD	st) ((Middle)			3. Date of Earliest Transaction (Month/Day/Year) 10/23/2013						7	below)		Other (specify below) Manufacturing			
(Street) BRAINTI	REE MA)2184 Zip)		Line) X Form Form						Form file	Joint/Group Filing (Check Applicable filed by One Reporting Person filed by More than One Reporting in						
		Tal	ble I - Nor	n-Deriv	/ativ	e Se	curitie	s A	cquired,	Dis	posed of,	or Bene	ficially	Owned				
Dat		Date	nsaction n/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Dispos		4. Securities Disposed Of	rities Acquired (A) o led Of (D) (Instr. 3, 4 a		5. Amoun Securities Beneficial Owned Fo	lly ollowing	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	Transaction (Instr. 3 and	on(s)			inisu. 4)
Common S	Stock			10/2	5/201	13			D		246(1)	D	\$41.09	9,6	70		D	
		1		(e.g., p	outs,		ls, warı	rant	s, option	s, c	osed of, o	securi	ties)					
1. Title of Derivative Security 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date Execution Date (Month/Day/Year) if any (Month/Day/Ye		ate, T	4. Transaction Code (Instr. 8)		n of Ex		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title an of Securit Underlyin Derivative (Instr. 3 an	g Security	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)	Beneficial Ownership (Instr. 4)			
				C	Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	Amount or Number of Shares					
Non- Qualified Stock Option (right to buy)	\$41.66	10/23/2013			A		28,523		10/23/2014	(2)	10/23/2023	Common Stock	28,523	\$0.0	28,52	23	D	
Non- Qualified Stock Option (right to buy)	\$33.77								04/10/2013	(2)	04/10/2019	Common Stock	31,908		31,90)8	D	
Non- Qualified Stock Option (right to buy)	\$39.055								10/24/2013	(2)	10/24/2019	Common Stock	28,614		28,61	.4	D	
Performance	i e						1	П	02/21/2017		12/12/2017(3)	Common	25,000	i e	25.00			Ì

Explanation of Responses:

Shares

\$0.0

- 1. Pursuant to a 10b5-1 Plan to cover tax liability for released shares.
- 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. Market Share Units represent a right to receive one share of Haemonetics Corporation common stock for each Market Stock Unit based on Haemonetics stock price during the 30 trading days prior to March 31, 2017. The number of Market Stock Units (and therefore the number of shares payable) will depend on the Companys stock price during such period. The Market Stock Units disclosed in column 5 represent a target amount. The number of shares ultimately issued could range from none to three times the target amount in column 5. The Market Stock Units were granted under the 2005 Haemonetics Corporation Long-Term Incentive Compensation Plan and are exempt under Rule 16b-3(d).

03/31/2017⁽³⁾

12/13/2017(3)

By: Alexander Steffan For: 10/29/2013 **David Helsel**

** Signature of Reporting Person

25,000

Stock

Date

25,000

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.