FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Check this box if no longer subject to	
Section 16. Form 4 or Form 5	
obligations may continue. See	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 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

1. Name and Address of Reporting Person* <u>HANLON SUSAN M</u>						2. Issuer Name and Ticker or Trading Symbol HAEMONETICS CORP [HAE]									all app	olicable) ctor	g Person(s) to I	Owner
(Last) (First) (Middle) 400 WOOD ROAD						3. Date of Earliest Transaction (Month/Day/Year) 10/23/2015								X	Officer (give title below) VP Fin		below inance	(specify)
(Street) BRAINTREE MA 02184 (City) (State) (Zip)				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indiv Line) X	Form	or Joint/Group Filing (Check Applicable rm filed by One Reporting Person rm filed by More than One Reporting rson			
		Tabl	le I - No	on-Deriv	ative	Sec	uritie	s Ac	quired	l, Di	sposed o	f, or B	enefic	ially	Owne	ed		
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day)						Execution Date,			3. Transa Code (1 8)		4. Securitie Disposed C			and 5) Secu Bene Own		icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) or (D)	Price			action(s) 3 and 4)		(Instr. 4)
Common Stock 10/23/20)15			S		162(1)	D	\$31.	7495 1		.9,437	D	
		Ta	able II -								osed of, convertib				vned			
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) (Month/Day/Year) 6. Conversion Date (Month/Day/Year) (Month/Day/Year) 7. Conversion Date (Month/Day/Year) 8. Conversion Date (Month/Day/Year) 9. Conversion Date (Month/Day/Year)			on Date,	Code (Instr.				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		8. Price of Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amount or Number of Shares					

Explanation of Responses:

1. Sale required by Haemonetics policy for tax withholding purposes.

/s/ Alexander P. Steffan, attorney-in-fact for Ms. Hanlon

10/27/2015

** 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.