FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

l	OMB APPRO	VAL				
l	OMB Number:	3235-0287				
l	Estimated average burde	en				
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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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Name and Address of Reporting Person* <u>Brancazio Phillip John</u>							2. Issuer Name and Ticker or Trading Symbol HAEMONETICS CORP [HAE]										f Reporting Person(s) to Issuer able) r 10% Owner			
(Last) (First) (Middle) 400 WOOD ROAD						3. Date of Earliest Transaction (Month/Day/Year) 10/27/2010										below)	Officer (give title below) Other (specify below) VP, Global Manufacturing			
(Street) BRAINTREE MA 02184					4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filin Line) X Form filed by One Rep										Repo	rting Persor	1		
(City) (State) (Zip)				Person										c trictri	One repor					
		Tal	ole I - Non	ı-Deriv	ativ	e Se	curitie	s Ac	cquir	ed, D	isp	osed of	f, or	Ben	eficiall	y Owned				
1. Title of Security (Instr. 3) 2. Trans. Date (Month/I					saction Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Yea		e, Ti	Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)				Securitie Beneficia Owned F	Amount of Securities Beneficially Dwned Following Reported		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									С	ode \	′	Amount	(A) or (D)		Price	Transact (Instr. 3 a	ion(s)			(11311. 4)
Common Stock 10/27/							/2010			A		1,363 ⁽¹⁾ A		\$0.01	2,9	11(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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day/	ate, T	Transaction Code (Instr.		of		6. Date Exercisal Expiration Date (Month/Day/Year			r) of U		7. Title and Amor of Securities Underlying Derivative Secur (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Owner Form: Direct or Indi (I) (Ins	Ownership	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				c	Code	v	(A)	(D)	Date Exerc	cisable		expiration vate	Title		Amount or Number of Shares					
Non- Qualified Stock Option (right to buy)	\$52.94								10/27	7/2010 ⁽³) 1	0/27/2016	Com		12,242		12,24	2	D	
Non- Qualified Stock Option (right to buy)	\$54.99	10/27/2010			A		11,837		10/27	7/2011 ⁽³) 1	0/27/2017	Com Sto		11,837	\$54.99	11,837	7	D	
Non- Qualified Stock Option (right to	\$58.64								07/29	9/2010 ⁽³	0	7/29/2016	Com Sto		11,441		11,44	1	D	

Explanation of Responses:

- 1. Restricted Stock Unit Grant which vest 25% per year over 4 years following the grant date. Grant was made under 2005 Long Term Incentive Compensation Plan.
- 2. Total includes Restricted Stock Awards and/or Restricted Stock Units that are subject to restrictions until vesting requirements are met. Grant was made under 2005 Long Term Incentive Compensation Plan.
- 3. 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 M. Hanlon For: Phillip J. Brancazio

10/29/2010

** 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.