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
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STATEMENT OF CHANGES IN BENEFICIAL OWNERS	HР
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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* Burke William P. Mr.						2. Issuer Name and Ticker or Trading Symbol HAEMONETICS CORP [HAE]									ck all applic Directo	or r (give title		son(s) to Iss 10% Ov Other (s	/ner
(Last) 125 SUM	(Fi IMER STR	,	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 05/15/2020									X	below) below) EVP, Chief Financial Officer				
(Street) BOSTO	N M	A	02110		- 4. I	f Ame	endment, I	Date o	of Original Filed (Month/Day/Year)						Form f	led by One	oup Filing (Check App One Reporting Person More than One Report		ı
(City)	(S	tate)	(Zip)			Person													
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
""" []				Date	ransaction e onth/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Code (Instr.		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4				Benefici	es ally Following	Form (D) o	n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount	(A) c (D)	r Pri	ice	Transact (Instr. 3	tion(s)			
Common Stock				05/1	5/15/2020				S ⁽¹⁾		221 ⁽¹⁾ D		\$1	100.44	10,190(2)			D	
Common Stock			05/1	8/2020				A ⁽³⁾		3,144(3) A		(4)	13,3	334 ⁽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)	Derivative Conversion Date Execution Date Security or Exercise (Month/Day/Year) if any				4. Transactio Code (Instr 8)		n of		6. Date Exercis Expiration Date (Month/Day/Ye		e of Securities			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	or	ount nber .res					
Non- qualified Stock Option (Right to Buy)	\$103.37	05/18/2020			A		10,639		(5)	(05/18/2027	Commo Stock	10,	639	\$0	10,639	9	D	

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 2005 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.
- 3. The securities awarded are in the form of RSUs issued pursuant to the Haemonetics Corporation 2019 Long-Term Incentive Compensation Plan. The RSUs vest in annual increments of 25% beginning on the first anniversary of the date of grant.
- 4. Each RSU represents a contingent right to receive one (1) share of the Issuer's common stock when vested.
- 5. Option vests in annual increments of 25% beginning on the first anniversary of the date of grant.

/s/ Thomas V. Powers, attorney- 05/19/2020 in-fact for Mr. Burke

** 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.