FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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>Gordon Mikael</u>						2. Issuer Name and Ticker or Trading Symbol HAEMONETICS CORP [HAE]								Relationship of Reporting Person(s) to Issuer (Check all applicable) Director							
(Last) (First) (Middle) L						3. Date of Earliest Transaction (Month/Day/Year) 11/03/2011									Officer (give title below) President, Haemon			Other (specify below) netics Europe			
(Street) BRAINTREE MA 02184			4.	4. If Amendment, Date of Original Filed (Month/Day/Year)												p Filing (Check Applicate Person Person Person Check Applicate Person Person Check Applicate Person Check Applicat					
(City) (State) (Zip)															Person						
			le I - N			_			·	l, Di	sposed o			ially							
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day)				Execution Date, /Year) if any				es Acquired (A) or Of (D) (Instr. 3, 4 and 5		5. Amount of Securities Beneficially Owned Following Reported		es ally Following	Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)						
									Code	V	Amount	(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)				` ′		
Common	Stock			11/03	11/03/2011				P ⁽¹⁾		228	A	\$51.8	3075	7,728(2)			D			
		7	Table II								oosed of, convertil				wned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deer Execution if any (Month/I			ansaction ode (Instr.		of		6. Date Exercisable Expiration Date (Month/Day/Year)		of Securities		Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Natur of Indirec Beneficia Ownersh (Instr. 4)		
					Code	v	(A)		Date Exercisal	ole	Expiration Date	Title	Amou or Numb of Share	er							
Non- Qualified Stock Option (right to buy)	\$52.94								10/27/201	.0 ⁽³⁾	10/27/2016	Common Stock	19,58	37		19,587	7	D			
Non- Qualified Stock Option (right to buy)	\$54.55								10/22/200	9 ⁽³⁾	10/22/2015	Common Stock	15,24	47		15,247	7	D			
Non- Qualified Stock Option (right to buy)	\$54.99								10/27/201	.1 ⁽³⁾	10/27/2017	Common Stock	18,94	40		18,940	0	D			
Non- Qualified Stock Option (right to buy)	\$55.14								01/22/200	9 ⁽³⁾	01/22/2015	Common Stock	18,98	30		18,980	0	D			
Non- Qualified Stock Option (right to	\$61.34								10/25/201	2 ⁽³⁾	10/25/2018	Common Stock	17,56	65		17,565	5	D			

Explanation of Responses:

- 1. Acquisition of shares of Common Stock pursuant to the Employee Stock Purchase Plan. Participant elected to purchase shares at least six months in advance of the effective date of the transaction.
- 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: Mikael Gordon

11/07/2011

** 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.

ersons 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.	