FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGE	ES IN BENEF	ICIAL OWN	ERSHIP

OMB APPROVAL

OMB Number:	3235-0287
Estimated average b	urden

0.5

hours per response:

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>Kelly Michael P</u>					2. Issuer Name and Ticker or Trading Symbol HAEMONETICS CORP [HAE]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) (First) (Middle) 400 WOOD ROAD					3. Date of Earliest Transaction (Month/Day/Year) 01/14/2013								below)		Other (s below) Global Markets		specify	
(Street) BRAINTREE MA 02184			4.	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting						
(City)	(5	State)	(Zip)											Person				
		Та	ble I - No	on-Dei	rivati	ve S	ecur	ities Ac	quired	l, Di	sposed of			y Owned				
1. Title of Security (Instr. 3)		Date	2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)				4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a			5. Amour Securitie Beneficia Owned F	s ally ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
							Code	v	Amount	(A) or (D)	Price	Reported Transact (Instr. 3 a	ion(s)			Instr. 4)		
Common Stock				01/1	4/201	2013		M		1,400(1)	A	\$27.48	5 13,1	.36 ⁽²⁾		D		
Common Stock 01/14				4/201	2013		S		1,400(1)	D	\$42.293	11,7	736 ⁽²⁾		D			
			Table II								oosed of, convertib			Owned				
1. Title of Derivative Security (Instr. 3)	Conversion Date Exe or Exercise (Month/Day/Year) if an		3A. Deemo Execution if any (Month/Da	tion Date, Tra		ansaction Deriv ode (Instr. Secu Acqu or Di of (D		umber of ivative urities uired (A) bisposed D) (Instr. and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		te	7. Title an of Securit Underlyin Derivative (Instr. 3 an	g Security	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported	e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amount or Number of Shares		Transaction (Instr. 4)	on(s)	11(5)	
Non- Qualified Stock Option (right to buy)	\$27.485	01/14/2013			M			1,400 ⁽¹⁾	07/28/20	011 ⁽³⁾	07/28/2017	Common Stock	1,400	\$0.0	61,14	0	D	
Non- Qualified Stock Option (right to buy)	\$30.67								10/25/20)12 ⁽³⁾	10/25/2018	Common Stock	37,326		37,32	6	D	
Non- Qualified Stock Option (right to	\$39.055								10/24/20)13 ⁽³⁾	10/24/2019	Common Stock	39,344		39,34	4	D	

Explanation of Responses:

- 1. Pursuant to a 10b5-1 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: Michael P. Kelly

01/16/2013

** 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.