SEC Form 4

Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

| OMB Number: | 3235-0287 | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| 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 [*] Johnson Lloyd Emerson | | | | uer Name and Ticke EMONETICS | 0 | · | | tionship of Reporti all applicable) Director | • • • • | Issuer Owner | | |
|---|--|----------|-------------|--|----------------|---------------------------|---|--|----------------|-----------------|--|--|
| (Last) 125 SUMME | (First) R STREET | (Middle) | | e of Earliest Transa 5/2021 | action (Month/ | Day/Year) | | Officer (give title below) | Other below | (specify /) | | |
| | | | | mendment, Date of | Original Filed | (Month/Day/Year) | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) BOSTON | MA | 02110 | | | | | Line) | Form filed by On Form filed by Mo Person | | | | |
| (City) | (State) | (Zip) | | | | | | r cisoli | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | |
| 1. Title of Secur | rity (Instr. 3) | 2. | Transaction | 2A. Deemed | 3. | 4. Securities Acquired (A | | 5. Amount of | 6. Ownership | 7. Nature | | |

| | Date (Month/Day/Year) | if any ' | Transa Code (8) | | Disposed Of 5) | (D) (Instr | . 3, 4 and | Beneficially | | of Indirect Beneficial Ownership (Instr. 4) |
|--------------|--------------------------|----------|------------------------|---|----------------------|---------------|------------|------------------------------------|---|--|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1150.4) |
| Common Stock | 08/06/2021 | | A | | 3,077 ⁽¹⁾ | Α | (2) | 3,077 | 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 Date, if any (Month/Day/Year) | 4. Transa Code (8) | | of Deriv Secu Acqu (A) of Dispo of (D) (Instr | 5. Number of Expiration Date Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | ate | Amount of Securities | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|---|--|---|------------------------------|---|--|--|---------------------|--------------------|-------------------------|--|---|--|--|--|
| | | | | Code | v | | | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. The securities awarded are in the form of restricted stock units ("RSUs") issued pursuant to the Haemonetics Corporation 2019 Long-Term Incentive Compensation Plan. The RSUs vest 100% on the first anniversary of the date of grant.

2. Each RSU represents a contingent right to receive one (1) share of the Issuer's common stock when vested.

<u>/s/ Thomas V. Powers,</u> <u>attorney-in-fact for Mr.</u> <u>Johnson</u>

08/09/2021

** 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.