FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPR	ROVAL
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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

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Name and Address of Reporting Person* CONCANNON BRIAN					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 X Officer (give title Other (specify below) Chief Operating Officer					vner	
(Last) (First) (Middle) 400 WOOD ROAD						3. Date of Earliest Transaction (Month/Day/Year) 05/16/2008												specify	
(Street) BRAINTREE MA 02184 (City) (State) (Zip)					4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line)	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Trans Date				2A. De Execu if any (Monti		ion Da	Code (In	Transaction Disposed Code (Instr.		rities Acquired (A) or ed Of (D) (Instr. 3, 4 ar		or 4 and 5	5. Amour Securitie Beneficia Owned F Reported	s Formally (D) (ollowing (I) (I		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A)	or P	rice	Transaction(s) (Instr. 3 and 4)			(
Common	Stock			05/1	6/200	08			S		775(1)) {	55.44	18,838(2)			D	
									cquired, Di						Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution I if any (Month/Day	Date,	4. Transa Code (8)		of Deriv Secu Acqu (A) o Disport of (D	r osed) r. 3, 4	6. Date Exerc Expiration Da (Month/Day/Y	ite	e and	of Secur Underly Derivati	Title and Amount Securities Iderlying		8. Price of Derivative Security (Instr. 5) Beneficia Owned Following Reported Transacti (Instr. 4)		e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisable	E) Da	piration ite	Title	Amo or Num of SI						
Non- Qualified Stock Option (right to buy)	\$22.635								(3)	09	/15/2013	Common	100	,000		100,00	00	D	
Non- Qualified Stock Option (right to buy)	\$26.105								(3)	05	/05/2014	Common Stock	15,	000		15,00	0	D	
Non- Qualified Stock Option (right to buy)	\$41.15								(3)	07	/27/2012	Common	19,	000		19,00	0	D	
Non- Qualified Stock Option (right to buy)	\$51.07								10/24/2008 ⁽³⁾	10	/24/2014	Common Stock	22,	890		22,89	0	D	
Non- Qualified Stock Option (right to	\$52.76								05/05/2007 ⁽³⁾	05	/05/2013	Common	16,	644		16,64	4	D	

Explanation of Responses:

- 1. Restricted Stock 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 Hanlon For: Brian

05/20/2008

Concannon

** 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.