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**

vvasiiiii	gion,	D.C.	20343	

**OMB APPROVAL** ES IN BENEFICIAL OWNERSHIP

OMB Number: 3235-0287 Estimated average burden 0.5 hours per response:

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*  HANLON SUSAN M				2. Issuer Name and Ticker or Trading Symbol HAEMONETICS CORP [ HAE ]									Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director						
(Last)	(Fir	st) (	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 10/22/2014								7	X Officer (give title below) Other (specify below)  VP Finance					
(Street) BRAINTF	REE MA		02184 (Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year)								Line)	Individual or Joint/Group Filing (Check Applicable le)  X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tak	ole I - No	n-Deriv	ative	Se	curitie	s A	cquire	d, Di	sposed of	, or Ben	eficially	Owned					
Date			2. Trans Date (Month/	action 2A. Deemed Execution Dat If any (Month/Day/Year)		n Dat	te, Transaction Disposed C		es Acquired (A) or Of (D) (Instr. 3, 4 and 5)		Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
									Cod	e v	Amount	(A) or (D)	Price	Reported Transacti (Instr. 3 a	on(s)			(Instr. 4)	
Common Stock 10/2				2/2014		A		1,978(1)	A	\$0.0	19,	19,200		D					
Common Stock 10/2			10/24	/2014		D		157(2)	D	\$35.44	19,	19,043		D					
				(e.g., p			s, war	rant	s, opti	ons,	posed of, convertib	le securi	ties)						
1. Title of Derivative Security (Instr. 3)	tive Conversion Date Execution Date, or Exercise (Month/Day/Year) if any			Date,	Transaction of Ex			Expiration	expiration Date  Month/Day/Year)  I		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		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)	Beneficia Ownersh ect (Instr. 4)		
					Code V	,	(A)	(D)	Date Exercisa	ble	Expiration Date	Title	Amount or Number of Shares						
Non- Qualified Stock Option (right to buy)	\$34.745	10/22/2014			A		8,780		10/22/20	15 <sup>(3)</sup>	10/22/2024	Common Stock	8,780	\$0.0	8,78	0	D		
Performance Shares	\$0.0	10/22/2014			A		3,956		09/30/20	17 <sup>(4)</sup>	12/31/2017 <sup>(4)</sup>	Common Stock	3,956	\$0.0	16,45	56	D		

## **Explanation of Responses:**

- 1. Restricted Stock Unit Grant which vest 25% per year over 4 years following the grant date. Grant was made under 2005 Long Term Incentive Compensation Plan.
- 2. Pursuant to a 10b5-1 Plan to cover tax liability for released shares.

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.

4. Performance Share Units represent a right to receive one share of Haemonetics Corporation common stock for each Performance Stock Unit based on the performance of Haemonetics stock price relative to the Standard & Poors Health Care Equipment Index. The number of Performance Stock Units (and therefore the number of shares payable) will depend on the Company's stock price performance between October 1, 2014 and September 30, 2017. The Performance Stock Units disclosed in column 5 represent a target amount. The number of shares ultimately issued could range from none to twice the target amount in column 5. The Performance Stock Units were granted under the 2005 Haemonetics Corporation Long-Term Incentive Compensation Plan and are exempt under Rule 16b-3(d).

Susan Hanlon

10/24/2014

\*\* 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.