FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPRO	VAL							
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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

1. Name and Address of Reporting Person* <u>Gordon Mikael</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) 10/25/2011									X Officer (give title Other (specify below) below) President, Haemonetics Europe					
(Street) BRAINTREE MA 02184 (City) (State) (Zip)				4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
							tive Securities Acquired, Disposed of, or Beneficially Owned												
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				sactio	action 2A. Deemed Execution Date,		3. 4. Securities Acquir Transaction Disposed Of (D) (Instruction Code (Instruction 5)		ed (A) o	r and	5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)				
									Code	v	Amount	(A) or (D)		e	Transact (Instr. 3 a				` ′
Common Stock			10/2	10/25/2011				A		1,955((1) A \$		0.01	7,499		99 D			
			ا - Table II /						quired, D s, option						vned				
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) if any (Month/Day/Year) if any (Month/Day/Year)				ate, T	4. Transaction Code (Instr. 8)		5. Number 6 of E		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4)		unt 8. De	Price of erivative ecurity estr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				c	Code	v	(A)	(D)	Date Exercisabl		Expiration Date	Title	Amou or Numb of Share	per					
Non- Qualified Stock Option (right to buy)	\$61.34	10/25/2011			A		17,565		10/25/2012	(2)	10/25/2018	Common Stock	17,5	65 :	\$61.34	17,565	5	D	
Non- Qualified Stock Option (right to buy)	\$52.94								10/27/2010	(2)	10/27/2016	Common Stock	19,5	87		19,587		D	
Non- Qualified Stock Option (right to buy)	\$54.55								10/22/2009	(2)	10/22/2015	Common Stock	15,2	47		15,247	7	D	
Non- Qualified Stock Option (right to buy)	\$54.99								10/27/2011	(2)	10/27/2017	Common Stock	18,9	40		18,940	0	D	
Non- Qualified Stock Option (right to	\$55.14								01/22/2009	(2)	01/22/2015	Common Stock	18,9	80		18,980	0	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. 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

10/26/2011

** 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.

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.