FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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* FOOTE SUSAN BARTLETT						2. Issuer Name and Ticker or Trading Symbol HAEMONETICS CORP [HAE]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) (First) (Middle) 400 WOOD ROAD				Date 7/31/2		st Tra	nsaction (Mo	onth/l	Day/Year)		A		(give title		Other (s					
(Street) BRAINTREE MA 02184				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting						
(City) (State) (Zip)														Person						
		Tak	ole I - Noi	ո-Deri	ivativ	e Se	curitie	es A	cquired,	Dis	posed o	f, or Be	neficia	ally C	Owned					
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)						Execution		on Dat	Code (Transaction Disposed Code (Instr. 5)		ties Acquired (A) d Of (D) (Instr. 3, 4		nd S	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	t (A) or (D) Pr		Troncostion					, ,	
Common	Stock			07/3	07/31/2008				A		354	A \$		01	1,6	41 ⁽¹⁾		D		
		-							quired, D ts, option						vned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day)	Date,	4. Transaction Code (Instr. 8)		5. Number 6		6. Date Exercisal Expiration Date (Month/Day/Year)					Derivative Security		9. Numbe derivative Securities Beneficial Owned Following Reported Transactie (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		Expiration Date	Title	Amoun or Numbe of Shares	r						
Non- Qualified Stock Option (right to buy)	\$58.46	07/31/2008			A	V	5,664		07/31/2009	(2)	07/31/2018	Common Stock	5,664	1	\$0	5,664	ı	D		
Non- Qualified Stock Option (right to buy)	\$29.895								(3)	(08/18/2014	Common Stock	20,00	0		20,000	0	D		
Non- Qualified Stock Option (right to buy)	\$44.74								(4)	(09/02/2015	Common Stock	6,000)		6,000)	D		
Non- Qualified Stock Option (right to buy)	\$49.92								08/01/2008	(2)	08/01/2014	Common Stock	4,592	2		4,592		D		
Non- Qualified Stock Option (right to buy)	\$52.76								05/05/2006	(4)	05/05/2013	Common Stock	6,000			6,000)	D		

Explanation of Responses:

- 1. 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.
- 2. Grant to reporting person of right to buy shares of common stock exercisable 100 percent on the first anniversary of the date of grant.
- 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. Grant to reporting person of right to buy shares of common stock exercisable immediately.

By: Susan Hanlon For: Susan **Bartlett Foote**

08/04/2008

** 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.