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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

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					or	Sect	ion 30(ł	ו) of th	e Investme	nt Co	mpany Act	of 1940								
1. Name and Address of Reporting Person [*] ALLEN PETER M						2. Issuer Name and Ticker or Trading Symbol <u>HAEMONETICS CORP</u> [HAE]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) below) Chief Marketing Officer					
(Last) (First) (Middle) 400 WOOD ROAD						3. Date of Earliest Transaction (Month/Day/Year) 10/30/2009														
(Street) BRAINTREE MA 02184						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					
(City) (State) (Zip)													Person							
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da						ar) I	2A. Deemed Execution Date if any (Month/Day/Yea		Code (Instr.						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)	
									v	Amount	(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)						
Common Stock 10/30/2						2009			P ⁽¹⁾		131	Α		4.132		557		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. 3. Transaction Conversion Date Execution or Exercise (Month/Day/Year) Price of Derivative Security		Date, Transact Code (In			ion of		6. Date Exercisal Expiration Date (Month/Day/Year			e and 7. Title an of Securi Underlyin Derivative (Instr. 3 a		D	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	i Ily	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisabl		Expiration Date	Title	Amou or Numi of Share	ber						
Non- Qualified Stock Option (right to buy)	\$21.46								(2)		09/03/2013	Common Stock	91,7	80		91,780	D	D		
Non- Qualified Stock Option (right to buy)	\$26.105								(2)		05/05/2014	Common Stock	15,0	00		15,000	D	D		
Non- Qualified Stock Option (right to buy)	\$41.15								(2)		07/27/2012	Common Stock	19,0	00		19,000)	D		
Non- Qualified Stock Option (right to buy)	\$51.07								10/24/2008	(2)	10/24/2014	Common Stock	18,2	13		18,213	3	D		
Non- Qualified Stock Option (right to buy)	\$52.76								05/05/2007	,(2)	05/05/2013	Common Stock	16,6	44		16,644	4	D		
Non- Qualified Stock Option (right to buy)	\$52.94								10/27/2010	(2)	10/27/2016	Common Stock	15,6	70		15,670)	D		
Non- Qualified Stock Option	\$54.55								10/22/2009	(2)	10/22/2015	Common Stock	15,2	47		15,247	7	D		

Explanation of Responses:

(right to buy)

1. Acquisition of shares of Common Stock pursuant to the Employee Stock Purchase Plan. Participant elected to purchase shares at least six months in advance of the effective date of the transaction. 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: Peter M Allen

** 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.