

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL	
OMB Number:	3235-0104
Estimated average burden hours per response:	0.5

1. Name and Address of Reporting Person* <u>HAEMONETICS CORP</u>	2. Date of Event Requiring Statement (Month/Day/Year) 03/25/2010	3. Issuer Name and Ticker or Trading Symbol <u>GLOBAL MED TECHNOLOGIES INC [GLOB]</u>
(Last) (First) (Middle) 400 WOOD ROAD		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)
(Street) BRAINTREE MA 02184		5. If Amendment, Date of Original Filed (Month/Day/Year)
(City) (State) (Zip)		6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	31,428,730	I	See Footnote ⁽¹⁾

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			
Series A Convertible Preferred Stock	(2)(3)	(2)(3)	Common Stock	5,500,000	0.72 ⁽⁴⁾	I	See Footnote ⁽¹⁾

1. Name and Address of Reporting Person* <u>HAEMONETICS CORP</u>
(Last) (First) (Middle) 400 WOOD ROAD
(Street) BRAINTREE MA 02184
(City) (State) (Zip)
1. Name and Address of Reporting Person* <u>Atlas Acquisition Corp.</u>
(Last) (First) (Middle) C/O HAEMONETICS CORPORATION 400 WOOD ROAD
(Street) BRAINTREE MA 02184
(City) (State) (Zip)

Explanation of Responses:

1. The reported securities are owned indirectly by Haemonetics Corporation ("Haemonetics") and directly by Atlas Acquisition Corp. ("Atlas"), a wholly-owned subsidiary of Haemonetics. The reported securities were acquired by Atlas in connection with the cash tender offer to purchase all outstanding shares of convertible preferred stock and Common Stock of the Issuer commenced by Atlas on February 19, 2010.
2. Subject to the "blocker" provisions described in footnote 3, the convertible preferred stock is convertible at any time, at the holder's election, and has no expiration date.
3. The convertible preferred stock is subject to "blocker" provisions prohibiting the holder from converting the preferred stock to the extent that such conversion would result in the holder being deemed the beneficial owner of more than 9.99% of the issued and outstanding shares of the Common Stock.
4. Subject to the "blocker" provisions described in footnote 3, the shares of convertible preferred stock are convertible at a rate of 1-to-1,388.89 into the number of shares of Common Stock shown in column 3.

Remarks:

This report is filed jointly by Haemonetics Corporation and Atlas Acquisition Corp.

Christopher J. Lindop, its Chief
Financial Officer

ATLAS ACQUISITION

CORP. /s/ Christopher J.

Lindop, its President

04/01/2010

** 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 5 (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.