FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

	Check this box if no longer subjec
	to Section 16. Form 4 or Form 5
\cup	obligations may continue. See
	Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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Name and Address of Reporting Person* KROLL MARK W						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)					3. Date of Earliest Transaction (Month/Day/Year) 08/04/2023								-		er (give title		10% Ov Other (s below)			
125 SUMMER STREET					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)	(Street) BOSTON MA 02110													2	X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City) (State) (Zip)						Rule 10b5-1(c) Transaction Indication														
						Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
		Table	I - No	n-Deriva	tive S	ecui	rities	Acq	uired,	Dis	posed of	, or	Bene	eficia	lly Owr	ned				
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day)					Exec ay/Year) if any		Deemed cution Date, ly nth/Day/Year)		Transaction Disposed Code (Instr. and 5)		ties Acquired (<i>i</i> d Of (D) (Instr. 3			5. Amo Securi Benefi Owned Follow	cially d	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount		A) or D)	Price		rted action(s) . 3 and 4)			` ,	
Common Stock 08/04/2						2023			A		2,226(1)	A	(2)	18	8,457 D		D		
		Tab		Derivativ (e.g., pu											y Owne	ed				
1. Title of Derivative Security (Instr. 3)	vative Conversion Date Execution Date, irity or Exercise (Month/Day/Year) if any		tion Date,	Code (Instr. 8)		5. Numl of Deriv Secu Acqu (A) o Dispo of (D) (Instr	rative rities ired r osed)	es d d		te	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and		S (I	s. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
			Code	v	(A)	(D)	Date Exercisa	ıble	Expiration Date	Title	Amo or Num of Shar	ber								

Explanation of Responses:

- 1. The securities awarded are in the form of restricted stock units ("RSUs") issued pursuant to the Haemonetics Corporation Amended and Restated 2019 Long-Term Incentive Compensation Plan. The RSUs vest 100% on the first anniversary of the date of grant.
- $2. \ Each \ RSU \ represents \ a \ contingent \ right \ to \ receive \ one \ (1) \ share \ of \ the \ Issuer's \ common \ stock \ when \ vested.$

/s/ Thomas V. Powers, attorney-in-fact for Dr. Kroll

08/08/2023

** 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.