FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL OMB Number: 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

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1. Name and Address of Reporting Person* <u>ALLEN PETER M</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) 05/01/2008									below)	er (give title Other (specify below) resident, Donor Division				
(Street) BRAINT	TREE M	Ā	02184		4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Indi Line)	Form fi	idual or Joint/Group Filing (Check Ap Form filed by One Reporting Perso Form filed by More than One Repo			on		
(City) (State) (Zip)														Person						
			le I - No	1		_			cquired,	Dis					1			1.		
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				ey/Year) Exe		2A. Deemed Execution Date, f any Month/Day/Year)		Transaction Disposed Code (Instr.		ties Acquired (A) or d Of (D) (Instr. 3, 4 ar		and 5) Securition Beneficition Owned I Reporter		s ally following I	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)	Transact (Instr. 3 a					
Common	Stock				1/2008				P ⁽¹⁾		297	A		.353		66 ⁽²⁾		D		
		-	Table II -						quired, D ts, option						wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	cise (Month/Day/Year) f ive	3A. Deeme Execution if any (Month/Da	Date,	4. Transa Code (8)		on of E		Expiration	5. Date Exercisable ar Expiration Date Month/Day/Year)		7. Title and Am of Securities Underlying Derivative Sec (Instr. 3 and 4)		Derivative Security (Instr. 5)		9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	i ily	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownershi (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	Amou or Numb of Share	er						
Non- Qualified Stock Option (right to buy)	\$21.46								(3)		09/03/2013	Common Stock	93,6	50		93,650)	D		
Non- Qualified Stock Option (right to buy)	\$26.105								(3)		05/05/2014	Common Stock	15,0	00		15,000)	D		
Non- Qualified Stock Option (right to buy)	\$41.15								(3)		07/27/2012	Common Stock	19,0	00		19,000)	D		
Non- Qualified Stock Option (right to buy)	\$51.07								10/24/2008 ⁰	(3)	10/24/2014	Common Stock	18,2	13		18,213	3	D		
Non- Qualified Stock Option (right to buv)	\$52.76								05/05/2007 ⁰	(3)	05/05/2013	Common Stock	16,6	14		16,644	4	D		

Explanation of Responses:

- 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. 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.
- 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.

By: Susan Hanlon For: Peter M 05/05/2008 <u>Allen</u>

** 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.

ersons 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.	