SEC Form 4

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

5. Relationship of Reporting Person(s) to Issuer

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)

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

2. Issuer Name and Ticker or Trading Symbol

1. Name and Address of Reporting Person* FORISH JOSEPH J						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 X Officer (give title Other (specify below) below)					
(Last) (First) (Middle) 400 WOOD ROAD						3. Date of Earliest Transaction (Month/Day/Year) 09/13/2012								VP, Human Resources						
(Street) BRAINTREE MA 02184					- 4.	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 Person					
(City)	(5	State)	(Zip)	n Dari				itioo A.c		Die	nood of		mafia	ially	Ourread					
1. Title of Security (Instr. 3) 2. Trans. Date				sactio				Code (Instr.					or	5. Amount of Securities Beneficially Owned Following			: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) o (D)	^r Prie	ce	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common	Common Stock				09/13/2012				М		5,373 ⁽¹⁾		\$5	52.76	13,8	370 ⁽²⁾		D		
Common Stock					09/13/2012				S		5,373 ⁽¹			\$ <mark>80</mark>	8,4 97 ⁽²⁾			D		
			Table II -								osed of, convertib				wned					
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,	Code		Derivative E		Expiratio	6. Date Exercisable a Expiration Date (Month/Day/Year)		7. Title and An of Securities Underlying Derivative Sec (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securitie Beneficia Owned Following Reported	e s Illy g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisal	ble	Expiration Date	Title	Amo or Num of Sha	nber	ir i i i i i i i i i i i i i i i i i i					
Non- Qualified Stock Option (right to buy)	\$52.76	09/13/2012			М			5,373 ⁽¹⁾	05/05/200)7 ⁽³⁾	05/05/2013	Commo Stock	ⁿ 5,3	373	\$0.0	0.0		D		
Non- Qualified Stock Option (right to buy)	\$51.07								10/24/200)8 ⁽³⁾	10/24/2014	Commo Stock	ⁿ 11,	799		11,799		D		
Non- Qualified Stock Option (right to buy)	\$52.94								10/27/201	10 ⁽³⁾	10/27/2016	Commo Stock	ⁿ 14,	690		14,690		D		
Non- Qualified Stock Option (right to buy)	\$ 54.55								10/22/200)9 ⁽³⁾	10/22/2015	Commo Stock	ⁿ 11,	911		11,91	1	D		
Non- Qualified Stock Option (right to buy)	\$54.99								10/27/201	1 ⁽³⁾	10/27/2017	Commo Stock	ⁿ 15,	388		15,38	8	D		
Non- Qualified Stock Option	\$ 61.34								10/25/201	12 ⁽³⁾	10/25/2018	Commo Stock	ⁿ 15,	370		15,37	0	D		

Explanation of Responses:

1. Pursuant to a 10b5-1 Plan.

(right to buy)

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 M. Hanlon For: Joseph J. Forish ** Signature of Reporting Person

09/17/2012

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.