FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	OMB APPRO	VAL							
	OMB Number: 3235-0								
l	Estimated average burden								
l	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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

1. Name and Address of Reporting Person* Ryding Neil 122-62-507							2. Issuer Name and Ticker or Trading Symbol HAEMONETICS CORP [HAE]								neck all ap Dire	ctor	10	% Owner	
(Last) (First) (Middle) 400 WOOD ROAD						3. Date of Earliest Transaction (Month/Day/Year) 01/13/2016									^ belo	er (give title w) VP, Global	be	ner (specify low) ring	
(Street) BRAINTREE MA 02184 (City) (State) (Zip)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Lin	ie) X Fori Fori	′			
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da						Execution Date,			3. Transaction Code (Instr.) 8) 4. Securities Acqu Disposed Of (D) (II 5)					d Secur Benef Owne	icially d Following	6. Ownersh Form: Direc (D) or Indire (I) (Instr. 4)	of Indirect ct Beneficial Ownership		
									Code	v	Amount	(A (D) or)	Price		action(s) 3 and 4)		(Instr. 4)	
Common	Stock			01/13	/2016				A		9,765	1)	A	\$0.0	1 1	3,987 ⁽²⁾	⁽²⁾ D		
		Та									sed of, onvertib				Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/Y	Date, Transac Code (Ir					6. Date E Expiratio (Month/D	n Date	Amount of Securitie Underlyin Derivativ Security and 4)		nt of ities lying ative ity (Ins	str. 3	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ct (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	or Num of Shai	ber					

Explanation of Responses:

- 1. Restricted Stock Unit Grant which fully vests on the first anniversary following the grant date. Grant was made under 2005 Long Term Incentive Compensation Plan.
- 2. Total includes Restricted Stock Units which are subject to restrictions until vesting requirements are met. Grants were made under 2005 Long Term Incentive Compensation Plan.

/s/ Alexander P. Steffan, attorney-in-fact for Mr. Ryding

01/19/2016

** 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.