SEC Form	4
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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 OMB APPROVAL
OMB Number: 3235-0287
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1. Name and Address of Reporting Person [*] White Jonathan	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) 10/26/2012	X Officer (give title Other (specify below) below) VP Research and Development
(Street) BRAINTREE MA 02184 (City) (State) (Zip)	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

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Code (Instr. 8)		4. Securities Disposed Of 5)			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
					Amount	(A) or (D) Price		Transaction(s) (Instr. 3 and 4)		(1130.4)
Common Stock	10/26/2012		D		157(1)	D	\$78.51	12,677 ⁽²⁾	D	
Common Stock								1,500	Ι	by Spouse

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

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)		of Deriv Secu Acqu (A) o Dispe of (D	rities iired r osed) 7. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Non- Qualified Stock Option (right to buy)	\$52.94							10/27/2010 ⁽³⁾	10/27/2016	Common Stock	12,242		12,242	D	
Non- Qualified Stock Option (right to buy)	\$54.99							10/27/2011 ⁽³⁾	10/27/2017	Common Stock	15,388		15,388	D	
Non- Qualified Stock Option (right to buy)	\$60.05							01/28/2010 ⁽³⁾	01/28/2016	Common Stock	17,641		17,641	D	
Non- Qualified Stock Option (right to buy)	\$ 61.34							10/25/2012 ⁽³⁾	10/25/2018	Common Stock	17,565		17,565	D	
Non- Qualified Stock Option (right to buy)	\$ 67.85							07/20/2012 ⁽³⁾	07/20/2018	Common Stock	13,974		13,974	D	
Non- Qualified Stock Option (right to buy)	\$78.11							10/24/2013 ⁽³⁾	10/24/2019	Common Stock	16,096		16,096	D	

Explanation of Responses:

1. Pursuant to a 10b5-1 Plan to cover tax liability for released shares.

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.

<u>By: Susan M. Hanlon For:</u> Jonathan White

** Signature of Reporting Person Date

10/30/2012

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.