FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

ı	OMB APPROVAL									
	OMB Number:	3235-0287								
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

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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 V Officer (give title Other (specify					
(Last) (First) (Middle) 400 WOOD ROAD						3. Date of Earliest Transaction (Month/Day/Year) 10/09/2009								X Officer (give title Other (specify below) Chief Marketing Officer						
(Street) BRAINTREE MA 02184					4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting						
(City) (State) (Zip)													Person							
4 7:4164	2		ble I - No			_			quired,	Dis	1			lly Owned		l c o	nership 7	7. Nature of		
1. Title of Security (Instr. 3) 2. Trans Date (Month/I					rear)	2A. Deemed Execution Date, if any (Month/Day/Year)		, Transaction Code (Instr.					5) Securitie Benefici Owned F Reporte	5. Amount of Securities Beneficially Owned Following Reported		: Direct I Indirect I str. 4) (Indirect Beneficial Ownership (Instr. 4)			
Common Stock 10/09/					09/200	/2009			Code	V	Amount 1,870 ⁽¹⁾	(D)		Transact (Instr. 3		nd 4)				
Common Stock 10/09/2 Common Stock 10/09/2									S		1,870(1)		\$21. \$55.6	_	16 ⁽²⁾		D			
			Table II -				uriti	es Acq	uired, [Disp										
		la =				, cal	_		1		convertib				la	. 1		l		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution D if any (Month/Day/	Date,	4. Transa Code (8)				6. Date Exercis Expiration Date (Month/Day/Yea		e of Securities		ies g Securit	Derivative Security	9. Number of derivative Securities Beneficially Owned Following Reported	e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisa	ble	Expiration Date	Title	Amour or Number of Shares	r	Transaction(s) (Instr. 4)					
Non- Qualified Stock Option (right to buy)	\$21.46	10/09/2009			M			1,870 ⁽¹⁾	09/03/200)3 ⁽³⁾	09/03/2013	Common Stock	1,870	\$55.662	91,78	0	D			
Non- Qualified Stock Option (right to buy)	\$26.105								(3)		05/05/2014	Common Stock	15,00	0	15,000		D			
Non- Qualified Stock Option (right to buy)	\$41.15								(3)		07/27/2012	Common Stock	19,00	0	19,000		D			
Non- Qualified Stock Option (right to buy)	\$51.07								10/24/200)8 ⁽³⁾	10/24/2014	Common Stock	18,21	3	18,21	.3	D			
Non- Qualified Stock Option (right to buy)	\$52.76								05/05/200)7 ⁽³⁾	05/05/2013	Common Stock	16,64	4	16,64	4	D			
Non- Qualified Stock Option	\$54.55								10/22/200)9 ⁽³⁾	10/22/2015	Common Stock	15,24	7	15,24	7	D			

Explanation of Responses:

1. Pursuant to a 10b5-1 Plan.

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: Peter M Allen

10/13/2009

** 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.