FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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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

Name and Address of Reporting Person* DArecca James					2. Issuer Name and Ticker or Trading Symbol HAEMONETICS CORP [HAE]								5. Relationship of Reporti (Check all applicable) Director				10% Ov	vner	
(Last) 125 SUM	ast) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 05/17/2024							X Officer (give title Other (specify below) EVP, Chief Financial Officer						
(Street) BOSTON MA 02110				_ 4. If	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)	City) (State) (Zip)				Ru	Rule 10b5-1(c) Transaction Indication													
						Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													
		Tab	le I - Nor	n-Deriv	ative	Sec	curitie	s Ac	quired	, Dis	posed o	of, or Be	nefici	ally Ov	vnec	I			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)						Execution Date		e, Transaction Disposed Code (Instr. 5)			ities Acqui d Of (D) (In		and Securitie Benefici Owned I		es Following (I)		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D) Pr		, Tra	ansact	ported nsaction(s) str. 3 and 4)			Instr. 4)
Common Stock 05/17/2						/2024		Α		4,439	439 ⁽¹⁾ A)	17,346 ⁽³⁾			D		
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. Deeme Execution if any (Month/Day	Date,	4. Transa Code (I 8)				6. Date Exercisa Expiration Date (Month/Day/Year		9	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amount or Number of Shares						
Non- qualified Stock Option (Right to	\$95.73	05/17/2024			A		9,756		(4)	(05/17/2031	Common Stock	9,756	\$	0	9,756		D	

Explanation of Responses:

- 1. The securities awarded are in the form of restricted stock units ("RSUs") issued pursuant to the Haemonetics Corporation Amended and Restated 2019 Long-Term Incentive Compensation Plan. The RSUs vest in three equal annual installments beginning on the first anniversary of the date of grant.
- 2. Each RSU represents a contingent right to receive one (1) share of the Issuer's common stock when vested.
- 3. This number includes unvested RSUs previously reported.
- 4. Option vests in annual increments of 25% beginning on the first anniversary of the date of grant.

/s/ Thomas V. Powers, attorney-in-fact for Mr.

** Signature of Reporting Person

D'Arecca

Date

05/21/2024

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.