FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours per response	: 0.5								

	Check this box if no longer subject
١	to Section 16. Form 4 or Form 5
J	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

Name and Address of Reporting Person* Llorens Josep				2. Issuer Name and Ticker or Trading Symbol HAEMONETICS CORP [HAE]										all app Direc	olicable) etor	ing Person(s) to		wner	
(Last) 125 SUN	(Last) (First) (Middle) 125 SUMMER STREET					3. Date of Earliest Transaction (Month/Day/Year) 05/18/2023								X	below)			Other (speci below) Manufacturing	
(Street)	(Street) BOSTON MA 02110				4. If Amendment, Date of Original Filed (Month/Day/Year)									i. Indiv ine) X	′				
(City)	(St	ate) (Z	 	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.															
		Table	l - No	n-Derivat	tive Se	ecur	ities	Acq	uired,	Dis	posed of	, or E	Benefic	ially	/ Owr	ned			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day)				/Year)	eemed Ition Date, h/Day/Year)				ies Acquired (A Of (D) (Instr. 3,				cially 1	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code V		Amount	(A) (D)	or Price	e	Reported Transaction(s) (Instr. 3 and 4)				
Common Stock 05/18/20					.023			F		1,423 ⁽¹⁾ D		\$83	3.34	4 18,463 ⁽²⁾		163 ⁽²⁾ 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)	ive Conversion Date Execution Date, or Exercise (Month/Day/Year) if any		Transaction Code (Instr. 8)		5. Numl of Deriv Secu Acqu (A) or Dispo of (D) (Instr and 5	rative rities ired r osed)	6. Date I Expirati (Month/I	on Da		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and		ınt		9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly Ov Fo Dii or (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	$ $			Date Exercisable		Expiration Date	Title	Number of Shares						

Explanation of Responses:

- $1. \ Represents \ shares \ withheld \ for \ tax \ obligations \ in \ connection \ with \ the \ vesting \ of \ certain \ restricted \ stock \ units \ ("RSUs") \ previously \ reported \ in \ Table \ I.$
- 2. This number includes unvested RSUs previously reported.

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

05/19/2023

Llorens

** 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.