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

**OMB APPROVAL** OMB Number: Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* <u>GRANADILLO PEDRO P</u>						2. Issuer Name and Ticker or Trading Symbol HAEMONETICS CORP [ HAE ]							5. Relationship of Reporting Person(s) to Issuer Check all applicable)  X Director 10% Owner				
(Last) 400 WO	Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 08/18/2004								Other (s below)	pecify	
(Street) BRAINTREE MA 02184  (City) (State) (Zip)												Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person					
1. Title of Security (Instr. 3) 2. Transa Date				2. Transacti	on Year)	2A. Deemo Execution if any (Month/Da	ed Date	3. Transacti Code (Ins	4. Sec	4. Securities Acquired (A) Disposed Of (D) (Instr. 3,		5. Amou Securitie Beneficie Owned F	nt of es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code V	Amou	nt (A) (D)	Price	Transact	Reported Transaction(s) (Instr. 3 and 4)		(		
		-	Γable II - D (ε					uired, Dis s, options				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/\)	Code	Transaction Code (Instr.				cisable and ate Year)	7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transactie (Instr. 4)	Own S For Dir Or I (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	, v	(A)	(D)	Date Exercisable	Expiratio Date	n Title	Amount or Number of Shares						
Non- Qualified Stock Option (right to buy)	\$29.895	08/18/2004		A		20,000		(1)	08/18/201	4 Common Stock	20,000	\$0	20,00	0	D		

## **Explanation of Responses:**

1. 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 B. Hanlon For: 08/19/2004 Pedro P. Granadillo

\*\* 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.