FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APP | ROVAL |
|-------------|--------|
| OMB Number: | 3235-0 |

Estimated average burden 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).

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

| 1. Name and Address of Reporting Person* <u>Scanlan Jacqueline</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol HAEMONETICS CORP [HAE] | | | | | | | | | | (Ch | eck all applic | cable) or | ing Person(s) to Issi 10% Ov Other (s | | vner |
|--|---|--|--|-------------------|--|---|---|--|------------------|-----------------------------------|------------------|-----------------------|--|--------------|--|---|--|--|--|--|
| (Last) 400 WO | (F OD ROAD | irst) | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/17/2019 | | | | | | | | | | below) | Officer (give title below) SVP, Global Huma | | | ` |
| (Street) BRAINT | REE M | [A | 02184 | | 4.1 | If Am | endme | ent, Date of Original Filed (Month/Day/Year) | | | | | | | |) K Form f | led by One | Filing (Check App Reporting Person te than One Repor | | n |
| (City) | (S | | (Zip) | | | | | _ | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Tr | | | | 2. Transa Date | ransaction | | 2A. Deemed Execution Date, | | <u>,</u> | 3. Transaction Code (Instr. | | | | (A) or | 5. Amou Securitie Benefici | nt of | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | Code V Amount (A) or (D) Price (Instr. 3 and 4) | | | | | | | (Instr. 4) | | | | | | |
| Common | ommon Stock | | | 06/17 | 7/2019 | 9 | | | | M ⁽¹⁾ | | 2,890 | 2,890 A | | \$41.6 | 4 8,5 | 8,564(2) | | D | |
| Common Stock | | | 06/17 | /17/2019 | | | | | S ⁽¹⁾ | | 2,890 | 390 D | | \$112.4 | 9 5,6 | 5,674(2) | | D | | |
| Common Stock | | | | 06/17 | /17/2019 | | | | | S ⁽¹⁾ | | 497 | 497 | | \$112.4 | 9 5,1 | 5,177(2) | | D | |
| Common Stock | | | 06/17 | 7/2019 | | | | | S ⁽¹⁾ | | 259 | | D | \$112.4 | 9 4,9 |)18 ⁽²⁾ | | D | | |
| | | - | Table II - | | | | | | | | | osed of, convertil | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/Da | Date, | Code (Ins | | on of | | | Date Expiration | Date | | 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4) | | l Security | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | e s lly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Dat | te ercisabl | | Expiration Date | Title | e | Amount or Number of Shares | | | | | |
| Non- qualified Stock Option (Right to | \$41.64 | 06/17/2019 | | | M ⁽¹⁾ | | | 2,890 | 06/ | /06/2019 | ₉ (3) | 06/06/2024 | | mmon tock | 2,890 | \$0.00 | 5,779 |) | D | |

Explanation of Responses:

- 1. Transaction pursuant to an existing 10b5-1 trading plan.
- 2. This number includes unvested restricted stock units previously reported.
- 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.

Remarks:

/s/ Brian Foster, attorney-infact for Ms. Scanlan

06/18/2019

** 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.