Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Washington, D.C. 20549

Check this box if no longer subject to	STATEMENT OF CH
Section 16. Form 4 or Form 5	
obligations may continue. See	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

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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* Basil Michelle L						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				
(Last)	(F MMER STR	,	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 05/15/2020								^ below	Officer (give title below) EVP and Gen		Other (specif below) eneral Counsel	
(Street) BOSTO			02110 (Zip)	4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tab	le I - No	n-Deriv	vative	Sec	curitie	s Ac	quired,	, Dis	sposed o	of, or Be	neficia	lly Owne	d			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day						Execution Date,			3. Transaction Code (Instr. 8) 4. Securities Acquired Disposed Of (D) (Instr.				Benefic Owned	ies For cially (D) Following (I) (rm: Direct or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price	Reporte Transa (Instr. 3	ction(s)			(Instr. 4)
Common Stock 05/15/2						2020		S ⁽¹⁾		203(1)	D	\$100	.44 14	4 14,161 ⁽²⁾		D		
Common Stock 05/18/2					/2020	2020		A ⁽³⁾		2,902	3) A	(4)	17	17,063 ⁽²⁾		D		
		T	able II								osed of			y Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deen Executio if any (Month/D	n Date,	4. Transaction Code (Instr. 8)		5. Number of		6. Date Exercis Expiration Date (Month/Day/Yea		е	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4		Beneficial Ownership t (Instr. 4)
					Code	v	(A) (Date Exercisal		Expiration Date	Title	Amount or Number of Shares					
Non- qualified Stock Option (Right to Buy)	\$103.37	05/18/2020			A		9,821		(5)		05/18/2027	Common Stock	9,821	\$0	9,821	l	D	

Explanation of Responses:

- 1. Represents the number of shares required to be sold by the reporting person to cover tax withholding obligations in connection with the vesting of certain restricted stock units ("RSUs") previously reported in Table I following the date of grant. This sale is mandated by the Issuer's election under its 2005 Long Term Incentive Compensation Plan to require the satisfaction of tax withholding obligations to be funded by a "sell to cover" transaction and does not represent a discretionary trade by the reporting person.
- 2. This number includes unvested RSUs previously reported.
- 3. The securities awarded are in the form of RSUs issued pursuant to the Haemonetics Corporation 2019 Long-Term Incentive Compensation Plan. The RSUs vest in annual increments of 25% beginning on the first anniversary of the date of grant.
- 4. Each RSU represents a contingent right to receive one (1) share of the Issuer's common stock when vested.
- $5. \ Option \ vests \ in \ annual \ increments \ of \ 25\% \ beginning \ on \ the \ first \ anniversary \ of \ the \ date \ of \ grant.$

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

05/19/2020

** 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.