FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPE	ROVAL							
l	OMB Number:	3235-0287							
l	Estimated average burden								
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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

1. Name and Address of Reporting Person* <u>ALLEN PETER M</u>							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) (First) (Middle) 400 WOOD ROAD					3. Date of Earliest Transaction (Month/Day/Year) 05/01/2007									X Officer (give title Other (specify below) President, Donor Division						
(Street) BRAINTREE MA 02184					4.	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) (State) (Zip)													Person							
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day					action	ion 2A. Deemed Execution Date, if any			3. Transa Code (Transaction Disposed Of (D) (Instr. 3, 4 a Code (Instr.					5. Amount of Securities Beneficially Owned Follow			: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount	(A) or (D)	Price		Reported Transact (Instr. 3	tion(s)			Instr. 4)		
Common Stock 05/01/20					L/2007	.007			p (1)		341	A	\$38	.6325	3,	634		D		
1. Title of	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) Title of 2. 3. Transaction 3A. Deemed 4. 5. Number 6. Date Exercisable and 7. Title and Amount 8. Price of 9. Number of 10. 11. Nature															11. Nature				
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year)	Execution if any (Month/Da	n Date,	Transa Code (8)		of Deriv Secu Acqu (A) o Disp of (D	vative urities uired or osed o) r. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)			of Securit Underlyin Derivative (Instr. 3 ar	ies g Securi	[5	8. Price of Derivative Security (Instr. 5)	derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)		Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	Amou or Numb of Sha	er						
Non- Qualified Stock Option (right to buy)	\$21.46								(2)		09/03/2013	Common Stock	100,0	000	100,		00	D		
Non- Qualified Stock Option (right to buy)	\$26.105	5						(2)		05/05/2014	Common Stock	15,0	00		15,00	0	D			
Non- Qualified Stock Option (right to buy)	\$41.15								(2)		07/27/2012	Common Stock	19,0	00		19,00	0	D		
Non- Qualified Stock Option	\$52.76								05/05/200	7 ⁽²⁾	05/05/2013	Common Stock	16,6	44		16,64	4	D		

Explanation of Responses:

- 1. Acquisition of shares of Common Stock pursuant to the Employee Stock Purchase Plan. Participant elected to purchase shares at least six months in advance of the effective date of the transaction.
- 2. 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 Hanlon For: Peter M

05/03/2007

** 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.