FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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Vashington,	D.C.	20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number: 3235-028									
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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* Simon, Christopher					2. Issuer Name and Ticker or Trading Symbol HAEMONETICS CORP [HAE]									Relationship of Reporting Person(s) to Issuer (Check all applicable)						
													X Directo	Director		10% Ow	mer			
(Last) (First) (Middle) 125 SUMMER STREET					3. Date of Earliest Transaction (Month/Day/Year) 05/15/2023								7	Officer below)	r (give title Other (specify below) President & CEO					
				4. If.	If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) BOSTON MA 02110															Form filed by One Reporting Person					
(Cit.)					-										Form filed by More than One Reporting Person					
(City) (State) (Zip)				Ru	Rule 10b5-1(c) Transaction Indication															
					Check this box to indicate that a transaction was made pursuant to a contract, instruction satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.									on or written	plan th	hat is intende	d to			
		Tab	le I - No	n-Deriv	ative/	Sec	curities	s Ac	quired,	Dis	posed c	of, or E	3ene	eficial	ly Owned	i				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da					Execution Date		Date,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
										v	Amount	(A (D) or)	Price	Transac (Instr. 3	tion(s)			(Instr. 4)	
Common Stock 05/15/				/2023	2023		A		18,225	18,225 ⁽¹⁾ A		(2)	222,	2,792 ⁽³⁾		D				
Common Stock 05/16/2				/2023				F		1,586	(4)	D \$8		1 221,	21,206 ⁽³⁾		D			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Conversion or Exercise Price of Derivative Security (Instr. 3) 2. Conversion Date Execution Date, if any (Month/Day/Year)			Transaction Code (Instr.		n of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
					Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	O N O	lumber	mber					
Non- qualified Stock Option (Right to	\$89.16	05/15/2023			A		41,177		(5)		05/15/2030	Commo Stock		1,177	\$0	41,177		D		

Explanation of Responses:

- 1. The securities awarded are in the form of restricted stock units ("RSUs") issued pursuant to the Haemonetics Corporation 2019 Long-Term Incentive Compensation Plan. The RSUs vest in three equal annual installments beginning on the first anniversary of the date of grant.
- 2. Each RSU represents a contingent right to receive one (1) share of the Issuer's common stock when vested.
- 3. This number includes unvested RSUs previously reported.
- $4. \ Represents \ shares \ withheld \ for \ tax \ obligations \ in \ connection \ with \ the \ vesting \ of \ certain \ RSUs \ previously \ reported \ in \ Table \ I.$
- $5. \ Option \ vests \ in \ annual \ increments \ of \ 25\% \ beginning \ on \ the \ first \ anniversary \ of \ the \ date \ of \ grant.$

attorney-in-fact for Mr. Simon

05/17/2023

** 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.