FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D).C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
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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* Miller Laurie A.					<u>H</u> /	Issuer Name and Ticker or Trading Symbol HAEMONETICS CORP [HAE] Jate of Earliest Transaction (Month/Day/Year)									all applic	or (give title	g Pers	on(s) to Iss 10% Ow Other (s below)	/ner
(Last) 125 SUM	Fi MER STR	(First) (Middle) STREET			05/	05/17/2024									S	VP, Huma	n Res	,	
(Street) BOSTON MA 02110					_ 4. If	f Ame	ndment,	Date	of Origina	Filed	i (Month/D		Indivi ne) X	′					
(City) (State) (Zip)				Rı	Rule 10b5-1(c) Transaction Indication														
						Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da						Execution Date		Date,	e, Transaction Dispo		Disposed	ties Acquir d Of (D) (Ins		I and Securiti Benefici Owned		es Formula (D) Following (I)		: Direct C Indirect E str. 4)	7. Nature of Indirect Beneficial Ownership
								Code	v	Amount	nount (A) or (D)		- 1	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock 05/17/					/2024		F		76(1)	76 ⁽¹⁾ D \$.73	14,084(2)			D			
Common Stock 05/17/2				7/2024	/2024			A		2,089 ⁽³⁾ A		(4	16,173(2)		173(2)	3 ⁽²⁾ D			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemd Execution if any (Month/Da	Date,	4. Transaction Code (Instr. 8)				6. Date Exercisa Expiration Date (Month/Day/Yea)	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)
					Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	Amoun or Number of Shares						
Non- qualified Stock Option (Right to	\$95.73	05/17/2024			A		4,591		(5)		05/17/2031	Common Stock	4,591		\$0	4,591		D	

Explanation of Responses:

- 1. Represents shares withheld for tax obligations in connection with the vesting of certain restricted stock units ("RSUs") previously reported in Table I.
- 2. This number includes unvested RSUs previously reported.
- 3. The securities awarded are in the form of RSUs issued pursuant to the Haemonetics Corporation Amended and Restated 2019 Long-Term Incentive Compensation Plan. The RSUs vest in three equal annual installments 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. Miller

05/21/2024

** 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.