SEC Form 4

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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

OMB APPROVAL 3235-0287 OMB Number: Estimated average burden hours per response: 0.5

1. Name and Address of Reporting Person* FOOTE SUSAN BARTLETT						2. Issuer Name and Ticker or Trading Symbol HAEMONETICS CORP [HAE]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 08/01/2007									Officer (give title below)			Other (specify below)		
400 WOOD ROAD					4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable					
(Street) BRAINTREE MA 02184															Line) X Form filed by One Reporting Person Form filed by More than One Reporting					
(City) (State) (Zip)													Persor	1						
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D						ear)	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (, Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)			5. Amou Securitie Beneficia Owned F Reported	s ally ollowing	s Form Ily (D) of ollowing (I) (In		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) or (D) Pr		Price	Transaction(s) (Instr. 3 and 4)				(1130.4)	
Common Stock 08/0					1/200	/2007			Α		287(1) A \$		\$ <mark>0.0</mark>	1 1,	1,287		D		
			Table II -						quired, D s, option						/ Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)				action Instr.	ı of ∣I		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4)		s Security	8. Price of Derivative Security (Instr. 5) Benefici Owned Followir Reporte Transac (Instr. 4)		e s dly g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title		Amount or Number of Shares						
Non- Qualified Stock Option (right to buy)	\$49.92	08/01/2007			A		4,592		08/01/2008	(2)	08/01/2014		imon ock	4,592	\$0	4,592	2	D		
Non- Qualified Stock Option (right to buy)	\$29.895								(3)		08/18/2014		imon ock	20,000		20,00	0	D		
Non- Qualified Stock Option (right to buy)	\$44.74								(4)		09/02/2015		imon ock	6,000		6,000)	D		
Non- Qualified Stock Option (right to buy)	\$52.76								05/05/2006	(4)	05/05/2013		ımon ock	6,000		6,000)	D		

Explanation of Responses:

1. Restricted Stock Unit Grant which vest 100% on the first anniversary of the grant date. Grant was made under 2005 Long Term Incentive Compensation Plan.

2. Grant to reporting person of right to buy shares of common stock exercisable 100 percent on the first anniversary of the date of grant.

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.

4. Grant to reporting person of right to buy shares of common stock exercisable immediately.

By: Susan Hanlon For: Susan

Bartlett Foote ** Signature of Reporting Person

Date

08/03/2007

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.