UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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FORM 4

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 Number: 3	3235-0287			
Estimated average burden				
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1. Name and Address	of Reporting Person*		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)			Officer (give title below)	Other (specify below)			
400 WOOD ROAD		(((((((((((((((((((((((((((((((((((((((3. Date of Earliest Transaction (Month/Day/Year) 10/22/2014	President & CEO					
(Street) BRAINTREE	MA	02184	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indivi X	dual or Joint/Group Filing (Ch Form filed by One Reportin	g Person			
(City)	(State)	(Zip)			Form filed by More than Or	e Reporting Person			

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)			4. Securities A Disposed Of (E			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(1130. 4)
Common Stock	10/22/2014		Α		26,978(1)	Α	\$ <mark>0.0</mark>	157,285	D	
Common Stock	10/24/2014		D		2,048(2)	D	\$35.44	155,237	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. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)		Derivative		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	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		Transaction(s) (Instr. 4)		
Non- Qualified Stock Option (right to buy)	\$34.745	10/22/2014		A		119,731		10/22/2015 ⁽³⁾	10/22/2024	Common Stock	119,731	\$0.0	119,731	D	
Performance Shares	\$0.0	10/22/2014		Α		53,956		09/30/2017 ⁽⁴⁾	12/31/2017 ⁽⁴⁾	Common Stock	53,956	\$0.0	103,956	D	

Explanation of Responses:

1. Restricted Stock Unit Grant which vest 25% per year over 4 years following the grant date. Grant was made under 2005 Long Term Incentive Compensation Plan.

2. Pursuant to a 10b5-1 Plan to cover tax liability for released shares.

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. Performance Share Units represent a right to receive one share of Haemonetics Corporation common stock for each Performance Stock Unit based on the performance of Haemonetics stock price relative to the Standard & Poors Health Care Equipment Index. The number of Performance Stock Units (and therefore the number of shares payable) will depend on the Company's stock price performance between October 1, 2014 and September 30, 2017. The Performance Stock Units disclosed in column 5 represent a target amount. The number of shares ultimately issued could range from none to twice the target amount in column 5. The Performance Stock Units were granted under the 2005 Haemonetics Corporation Long-Term Incentive Compensation Plan and are exempt under Rule 16b-3(d).

> By: Alexander Steffan For: Brian Concannon

10/24/2014

Date

** Signature of Reporting Person

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.