SEC Form 4

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
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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).
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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

1. Name and Address of Reporting Person* Maunsell Farris Maryanne					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) 125 SUN	(Fi /IMER STR	rst) IEET	3. Date of Earliest Transaction (Month/Day/Year) 05/15/2023									X Office below) VP, 0	Other (specify below) ounting Officer					
(Street) BOSTON MA 02110				4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S	tate)	(Zip)		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.												led to	
1. Title of	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1. Title of Security (Instr. 3) 2. Transaction 2A. Deemed 3. 4. Securities Acquired (A) or 5. Amount of 6. Ownership 7. Nature																	
Date (Month/Da					Day/Year)	Execution Date, if any (Month/Day/Year)		Code (Instr.		Disposed Of (D) (Instr. 3 5)			r. 3, 4 ai	Benefic Owned	ially Following	Form: Direct (D) or Indirect (I) (Instr. 4)		of Indirect Beneficial Ownership
								Code	v	Amoun	Amount (A) or (D)		Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common Stock (05/15	5/2023			A 63		630	(1)	A	(2)	630		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	3. Transaction Date (Month/Day/Year)	e Execution Date, nth/Day/Year) if any		Transaction of E			6. Date Exercisable and Expiration Date Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Secu		ecurity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned	Own Forn y Dire		11. Nature of Indirect Beneficial Ownership (Instr. 4)

Explanation of Responses:

\$89.16

Nonqualified Stock Option

(Right to Buy)

Security

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.

Date

Exercisable

(3)

(D)

(A) or Disposed of (D) (Instr. 3, 4 and 5)

1.425

2. Each RSU represents a contingent right to receive one (1) share of the Issuer's common stock when vested.

3. 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. Farris

(Instr. 3 and 4)

Title

Common

Stock

Expiration Date

05/15/2030

Amount or Number

1,425

\$<mark>0</mark>

of Shares

05/17/2023

Following Reported

Transaction(s) (Instr. 4)

1,425

(I) (Instr. 4)

D

** 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).

05/15/2023

** 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.

Code

A

v (A)

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.