FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

OMB APPROVAL									
OMB Number: 3235-02									
Estimated average burden									
houre per reenonee	. 0.5								

		Departing Descar										940						
	1. Name and Address of Reporting Person* Simon, Christopher					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) 125 SU	(Last) (First) (Middle) 125 SUMMER STREET			3. Date of Earliest Transaction (Month/Day/Year) 03/11/2024								er (give title v)						
(Street) BOSTON MA 02110				4. If Amendment, Date of Original Filed (Month/Day/Year)							Individual or Joint/Group Filing (Check Ap Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City)	(Si	ate) (2	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.													
		Table	I - Non	-Deriva	tive S	ecur	ities Acq	uired,	Dis	posed o	of, c	or Ben	efici	ally Own	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)				Execution Date,		Transaction Disposed Code (Instr. 5)		ties Acquired (A I Of (D) (Instr. 3,		i (A) or : 3, 4 a	nd Securit Benefic Owned	ties cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
						Code	v	Amount		(A) or (D)	Price	Transa	Reported Transaction(s) (Instr. 3 and 4)		ľ	(Instr. 4)		
Common Stock 03/11/2					2024			G ⁽¹⁾	V	38,900	0	D	\$(\$0 257,546 ⁽²⁾		D		
		Tal					ies Acqu varrants,								d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Conversion or Exercise (Month/Day/Year) Price of Derivative Execution Date, if any (Month/Day/Year)		n Date,	4. Transaction Code (Instr. 8) 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		A S U D S	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Owner Form: Direct or Indi (I) (Ins	(D)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		

Explanation of Responses:

1. These securities were transferred by the reporting person as a gift without any consideration to the Simon Family 2020 Irrevocable Trust for the benefit of the reporting person's children, which trust has an independent trustee.

Date Exercisable

2. This number includes unvested restricted stock units previously reported.

/s/ Thomas V. Powers, attorney-in-fact for Mr. Simon

or Number

of Shares

Title

03/13/2024

** 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).

Code

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.