FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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<b>STATEMENT</b>	<b>OF CHANGES</b>	IN BENEFICIAL	<b>OWNERSHIP</b>

OMB APPROVAL							
OMB Number:	3235-0287						
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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

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1. Name and Address of Reporting Person* <u>LINDOP CHRISTOPHER J</u>						2. Issuer Name and Ticker or Trading Symbol HAEMONETICS CORP [ HAE ]								Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director					wner	
(Last) (First) (Middle) 400 WOOD ROAD						3. Date of Earliest Transaction (Month/Day/Year) 10/30/2009									X Officer (give title Other (specify below)  CFO & Vice President of					
(Street) BRAIN	TREE M	Ā	02184		- 4. I	f Am	endmei	nt, Date	e of Origina	l File	d (Month/Da	ay/Year)		Form filed by M			up Filing (Check Applicab ne Reporting Person ore than One Reporting		n	
(City)	(S	tate)	(Zip)											Person						
		Tab	le I - No			_			_	, Dis	sposed o									
1. Title of	Security (Ins	tr. 3)		Date	2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. r)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4		d (A) or r. 3, 4 a	4 and 5) Securit Benefic		es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
										v	Amount	(A) or (D) Pri		Transac		tion(s) and 4)			, ,	
Common	Stock			10/3	0/2009	)			P <sup>(1)</sup>		166	A	\$44	.132	8,094			D		
		٦	Γable II -								osed of converti				wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Exercise (Month/Day/Year) ce of rivative		ed Date, ay/Year)	4. Transaction		5. Number 6		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		D S	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	i ily	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	Amou or Numb of Share	er						
Non- Qualified Stock Option (right to buy)	\$48.09								01/25/2008	3 <sup>(2)</sup>	01/25/2014	Common Stock	58,37	77		58,37	7	D		
Non- Qualified Stock Option (right to buy)	\$51.07								10/24/2008	3 <sup>(2)</sup>	10/24/2014	Common Stock	21,23	38		21,23	3	D		
Non- Qualified Stock Option (right to buy)	\$52.63								10/23/2009	9 <sup>(3)</sup>	10/23/2015	Common Stock	49,02	20		49,020	)	D		
Non- Qualified Stock Option (right to buy)	\$52.94								10/27/2010	) <sup>(2)</sup>	10/27/2016	Common Stock	22,03	36		22,030	5	D		
Non- Qualified Stock Option (right to	\$54.55								10/22/2009	g <sup>(2)</sup>	10/22/2015	Common Stock	21,44	41		21,44	1	D		

## **Explanation of Responses:**

buy)

- 1. Acquisition of shares of Common Stock pursuant to the Employee Stock Purchase Plan. Participant elected to purchase shares at least six months in advance of the effective date of the transaction.
- 2. 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.
- 3. Grant to reporting person of right to buy shares of common stock vesting in annual increments over a 5 year period beginning on the first anniversary of the date of grant.

By: Susan M Hanlon For: Christopher J Lindop

11/03/2009

\*\* 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.

ersons 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.	