## FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washing	ton, I	D.C.	20549

CTATEMENIT	OF CHANGES	IN DENIETICIAL	OWNIEDCLIID
STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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

1. Name and Address of Reporting Person*  KROLL MARK W				2. Issuer Name <b>and</b> Ticker or Trading Symbol  HAEMONETICS CORP [ HAE ]									5. Relationship of Reporting Person(s) to (Check all applicable)  X Director 10%			,		
(Last) (First) (Middle) 400 WOOD ROAD					3. Date of Earliest Transaction (Month/Day/Year) 07/24/2019										er (give title	10% Owner Other (specify below)		(specify
(Street) BRAINT (City)			)2184 Zip)		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Lir	ne) X Fori	or Joint/Group Filing (Check Applicable on filed by One Reporting Person on filed by More than One Reporting on				
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
1. Title of Security (Instr. 3)  2. Transa Date (Month/D				Execution Date,		3. 4. Securities Acquired (A) Transaction Code (Instr. 5)  8)  4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)				d Secur Benet Owne	icially d Following	Form: Dire (D) or Indi	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	Trans	Reported Transaction(s) (Instr. 3 and 4)					
Common Stock 07/24				/2019		A		1,460 <sup>(1)</sup> A		(2)	23,617		D					
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																	
Derivative Security  Or Exercise Price of Derivative Security  Date (Month/Day/Year)  Execution Date, if any (Month/Day/Year)		4. Transa Code ( 8)		nstr. Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Expiration Date Expiration Date		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)  Amoun or Numbe of Title Shares		unt	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owner Form: Direct or Indi (I) (Ins	(D) rect	11. Nature of Indirect Beneficial Ownership (Instr. 4)			

## **Explanation of Responses:**

- 1. The securities awarded are in the form of restricted stock units ("RSUs") issued pursuant to the Haemonetics Corporation 2005 Long-Term Incentive Compensation Plan (as amended). The RSUs vest 100% on the first anniversary of the date of grant.
- 2. Each RSU represents a contingent right to receive one (1) share of the Issuer's common stock when vested.

/s/ Thomas V. Powers, attorney-in-fact for Dr. Kroll

07/26/2019

\*\* 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).

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.