## FORM 4

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

Washington,	D.C. 20549	
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL							
OMB Number:	3235-0287						
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

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1. Name and Address of Reporting Person* FORISH JOSEPH J						2. Issuer Name <b>and</b> Ticker or Trading Symbol HAEMONETICS CORP [ HAE ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner						
(Last) (First) (Middle) 400 WOOD ROAD						3. Date of Earliest Transaction (Month/Day/Year) 10/26/2012										X Officer (give title Other (specify below)  VP, Human Resources					
(Street)			02184		- 4. I	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) (State) (Zip)																					
1. Title of Security (Instr. 3)			1-Derivative S  2. Transaction Date (Month/Day/Year)		1	2A. Deemed Execution Date if any (Month/Day/Yea		3. Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			A) or	5. Amou Securitie Beneficie Owned F	. Amount of ecurities eneficially wned Following		n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	() (I	) or )	Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)			
			10/2	10/26/2012				D		180(1	(1) D		\$78.5	8,622(2)		D					
		7	Table II -						quired, E ts, optioi						Owned						
1. Title of Derivative Security (Instr. 3)  2. Conversion or Exercise Price of Derivative Security		3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	ed Date,	4. Transaction Code (Instr. 8)		5. Number				ble and	7. Title and Amof Securities Underlying Derivative Secu (Instr. 3 and 4)		mount	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisabl		Expiration Date	Title	or Nu of	ımber							
Non- Qualified Stock Option (right to buy)	\$51.07								10/24/2008	(3) 1	0/24/2014	Comn		1,799		11,799	)	D			
Non- Qualified Stock Option (right to buy)	\$52.94								10/27/2010	(3) 1	.0/27/2016	Comn Stoc		4,690		14,690	)	D			
Non- Qualified Stock Option (right to buy)	\$54.55								10/22/2009	(3) 1	0/22/2015	Comn Stoc		1,911		11,911	L	D			
Non- Qualified Stock Option (right to buy)	\$54.99								10/27/2011	(3)	.0/27/2017	Comn		5,388		15,388	3	D			
Non- Qualified Stock Option (right to buy)	\$61.34								10/25/2012	(3)	.0/25/2018	Comn		5,370		15,370	)	D			
Non- Qualified Stock Option	\$78.11								10/24/2013	(4) 1	.0/24/2019	Comn		,576		3,576		D			

## **Explanation of Responses:**

buy)

- 1. Pursuant to a 10b5-1 Plan to cover tax liability for released shares.
- 2. Total includes Restricted Stock Awards and/or Restricted Stock Units that are subject to restrictions until vesting requirements are met. Grant was made under 2005 Long Term Incentive Compensation Plan.
- 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. Grant to reporting person of right to buy shares of common stock exercisable 100 percent on the first anniversary of the date of grant.

## Joseph J. Forish

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.