FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

	Washington	, D.C. 20549	
STATEMENT	OF CHANGES I	N BENEFICIAL	OWNERSHIP

OMB APPROVAL

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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

						Seci	1011 30(II)	oi the	investment	Con	ipany Act C	1940									
1. Name and Address of Reporting Person* <u>ALLEN PETER M</u>				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) 400 WO	(F OD ROAD	iirst)	(Middle)				3. Date of Earliest Transaction (Month/Day/Year) 10/27/2009									X Officer (give title Other (specify below) Chief Marketing Officer					
(Street) BRAINTREE MA 02184				4. 1										Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting							
(City) (State) (Zip)														Person							
Table I - Non-Deriv 1. Title of Security (Instr. 3) 2. Trans Date (Month/		saction			3. 4. Securit Transaction Disposed Code (Instr. 5)		of, or Beneficial ties Acquired (A) or d Of (D) (Instr. 3, 4 and		5. Amount of and Securities Beneficially Owned Followi		s Illy ollowing	Form (D) o	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership							
							Code	V A	Amount	(A) o	r Pri	се	Reported Transacti (Instr. 3 a	on(s)			(Instr. 4)				
Common	Stock			10/27	7/200)9			A		979(1)	079 ⁽¹⁾ A		\$ <mark>0</mark>	7,426(2)		D				
			Table II -						uired, Dis						wned						
Derivative Conversion Date Execurity or Exercise (Month/Day/Year) if		3A. Deemed Execution D if any (Month/Day/	i 4. Date, T	5. Number of Derivative		ve les ed ed nstr.	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title a of Secur Underlyi Derivativ (Instr. 3 a	nd Amo ities ng re Secui	unt 8	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)					
				c	Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	Amo or Num of Share	ber							
Non- Qualified Stock Option (right to buy)	\$52.94	10/27/2009			A		15,670		10/27/2010 ⁽³	3) 1	10/27/2016	Common Stock	15,6	570	\$0	15,67	0	D			
Non- Qualified Stock Option (right to buy)	\$21.46								(3)	(09/03/2013	Common	91,7	780		91,780		D			
Non- Qualified Stock Option (right to buy)	\$26.105								(3)	(05/05/2014	Common	15,0	000		15,00	0	D			
Non- Qualified Stock Option (right to buy)	\$41.15								(3)	(07/27/2012	Common	19,0	000		19,00	0	D			
Non- Qualified Stock Option (right to buy)	\$51.07								10/24/2008 ⁽³	3) 1	10/24/2014	Common	18,2	213		18,21	3	D			
Non- Qualified Stock Option (right to buy)	\$52.76								05/05/2007 ⁽³	3) (05/05/2013	Common	16,6	544		16,64	4	D			
Non- Qualified Stock Option	\$54.55								10/22/2009 ⁽³	5) 1	10/22/2015	Common Stock	15,2	247		15,24	7	D			

Explanation of Responses:

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.

By: Susan M Hanlon For: Peter

10/29/2009

** 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.

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.