SEC Form 4	
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## FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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*					2. Issuer Name and Ticker or Trading Symbol HAEMONETICS CORP [HAE]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Simon, Christopher				1								X Direc	tor		10% Ov	vner			
(Last) (First) (Middle)				_	3. Date of Earliest Transaction (Month/Day/Year) 05/17/2024							X Office below	er (give title /)		Other (s below)	pecify			
125 SUMMER STREET						03/1//2024								President & CEO					
						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) BOSTON MA 02110													X Form filed by One Reporting Person						
				-	Form filed by More than One Reporting Person									ting					
(City) (State) (Zip)				R	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.												
		Tab	le I - No	n-Deri	vativ	e Se	curities	s Ac	quired,	Dis	posed o	of, or Be	eneficia	lly Owne	d				
D			Date	th/Day/Year) if a		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Disposed		ies Acquir Of (D) (Ins	ed (A) or str. 3, 4 and	Benefi	ies cially Following	Form (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Code	v	Amount	(A) o (D)	r Price	Transa	ction(s) and 4)			(		
Common Stock 05/1					7/202	4			F		4,037(	<sup>1)</sup> D	\$95.	73 25	<b>),4</b> 11 <sup>(2)</sup>		D		
Common Stock 05/17/					7/202	4			Α		14,624	<sup>(3)</sup> A	(4)	26	5,035(2)		D		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of 2. 3. Transaction 3A. Deemed 4. Derivative Conversion Date Execution Date, Tr			4. Transa Code (	5. Number Insaction of			6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title an of Securi Underlyin	nd Amount ties ng e Security nd 4)	Derivative Security (Instr. 5)		e Owne s Form lly Direc or Inc I (I) (In	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	D) Beneficial D) Ownershi ect (Instr. 4)			
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amount or Number of Shares						
Non- qualified Stock Option (Right to	\$95.73	05/17/2024			А		32,140		(5)		05/17/2031	Common Stock	32,140	\$0	32,14	0	D		

## Explanation of Responses:

Buy)

1. Represents shares withheld for tax obligations in connection with the vesting of certain restricted stock units ("RSUs") previously reported in Table I.

2. This number includes unvested RSUs previously reported.

3. The securities awarded are in the form of RSUs issued pursuant to the Haemonetics Corporation Amended and Restated 2019 Long-Term Incentive Compensation Plan. The RSUs vest in three equal annual installments beginning on the first anniversary of the date of grant.

4. Each RSU represents a contingent right to receive one (1) share of the Issuer's common stock when vested.

5. Option vests in annual increments of 25% beginning on the first anniversary of the date of grant.

/s/ Thomas V. Powers, attorneyin-fact for Mr. Simon 05/21/2024

\*\* 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).

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.