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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPRO	VAL
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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

							1011 3		mesune		inpany Act of 1	.040							
1. Name and Address of Reporting Person* HANLON SUSAN M							2. Issuer Name and Ticker or Trading Symbol <u>HAEMONETICS CORP</u> [HAE]								Reporting ble) give title	10% Owner			
(Last) (First) (Middle) 400 WOOD ROAD						Date c 2/18/2		iest Trans	action (Mo	onth/D	ay/Year)					pelow)			
(Street) BRAINTREE MA 02184					4.	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 Persor					
(City)	(St	ate)	(Zip)														porting	1 013011	
1. Title of Security (Instr. 3) 2. Trans Date					sactio				Code (Instr.				A) or	or 5. Amount of securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
								-	Code	v	Amount	(A) or (D)	Price	Reported Transactic (Instr. 3 ar			(Inst	(Instr. 4)	
Common Stock 02/					8/2014		М		3,690 ⁽¹⁾	A	\$26.47	20,5		D					
Common	Stock			02/1					S		3,690 ⁽¹⁾	D	\$39	16,9	905	D			
											osed of, or onvertible			wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	e Execution Da	Code (In				vative urities uired (A) visposed D) (Instr.	6. Date Exercisable Expiration Date (Month/Day/Year)			e and 7. Title and A of Securities Underlying Derivative Se (Instr. 3 and 4		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	e Owne s Form: illy Direct or Ind g (I) (Ins	rship o B (D) C irect (I	Beneficia Ownersh t (Instr. 4)	
				c	Code	v	(A)	(D)	Date Exercisat		Expiration Date	Title	Amount or Number of Shares		Transacti (Instr. 4)	on(s)			
Non- Qualified Stock Option (right to buy)	\$26.47	02/18/2014			М			3,690 ⁽¹⁾	10/27/201	.0 ⁽²⁾	10/27/2016	Common Stock	3,690	\$39	11,00	0 1	,		
Non- Qualified Stock Option (right to buy)	\$27.495								10/27/201	.1 ⁽²⁾	10/27/2017	Common Stock	22,348		22,34	8 1	,		
Non- Qualified Stock Option (right to buy)	\$30.67								10/25/201	2 ⁽²⁾	10/25/2018	Common Stock	20,726		20,72	6 I	,		
Non- Qualified Stock Option (right to buy)	\$39.055								10/24/201	.3 ⁽²⁾	10/24/2019	Common Stock	16,882		16,88	2 I	,		
						<u> </u>				_							<u> </u>		

Explanation of Responses:

\$41.66

\$<mark>0.0</mark>

Non-Qualified Stock Option

(right to buy) Performance

Shares

1. Pursuant to a 10b5-1 Plan.

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. Market Share Units represent a right to receive one share of Haemonetics Corporation common stock for each Market Stock Unit based on Haemonetics stock price during the 30 trading days prior to March 31, 2017. The number of Market Stock Units (and therefore the number of shares payable) will depend on the Companys stock price during such period. The Market Stock Units disclosed in column 5 represent a target amount. The number of shares ultimately issued could range from none to three times the target amount in column 5. The Market Stock Units were granted under the 2005 Haemonetics Corporation Long-Term Incentive Compensation Plan and are exempt under Rule 16b-3(d).

10/23/2014⁽²⁾

03/31/2017⁽³⁾

By: Alex Steffan For: Susan <u>Hanlon</u>

Common

Stock

Commor

Stock

18,456

12,500

10/23/2023

12/31/2017⁽³⁾

02/19/2014

Date

18,456

12,500

D

D

** Signature of Reporting Person

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