SEC Form 4	
------------	--

Π

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average bu	rden								
hours per response:	0.5								

		4
1. Name and Address of Reporting Person [*] Still William Roche	2. Issuer Name and Ticker or Trading Symbol <u>HAEMONETICS CORP</u> [HAE]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify
(Last) (First) (Middle) 400 WOOD ROAD	3. Date of Earliest Transaction (Month/Day/Year) 11/01/2006	X Onlicer (give true Other (specify below) below) below) VP & Gen Mrg, Therapeutics Bus
(Street) BRAINTREE MA 02184 (City) (State) (Zip)	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

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Code (Instr.				3, 4 and	5. Amount of Securities Beneficially Owned Following	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	Reported Transaction(s) (Instr. 3 and 4)		(
Common Stock	11/01/2006		P ⁽¹⁾		180	Α	\$38.76	3,849	D	

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)		of Deriv	rities iired r osed) 7. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		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)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Non- Qualified Stock Option (right to buy)	\$24.235							01/19/2005 ⁽²⁾	01/19/2014	Common Stock	50,000		50,000	D	
Non- Qualified Stock Option (right to buy)	\$26.105							05/05/2005 ⁽²⁾	05/05/2014	Common Stock	10,000		10,000	D	
Non- Qualified Stock Option (right to buy)	\$41.15							(2)	07/27/2012	Common Stock	17,000		17,000	D	
Non- Qualified Stock Option (right to buy)	\$52.76							05/05/2007 ⁽²⁾	05/05/2013	Common Stock	14,891		14,891	D	

Explanation of Responses:

1. Acquisition of shares of Common Stock pursuant to the Employee Stock Purchase Plan. Participant elected to purchase shares at least six months in advance of the effective date of the transaction.

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.

By: Ronald J. Ryan For:

William Roche Still

** Signature of Reporting Person

11/03/2006

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.