Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, [| D.C. 20549 |
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| Check this box if no longer subject | STATEMENT O |
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| to Section 16. Form 4 or Form 5 | |
| obligations may continue. See | |

F CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

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* BURZIK CATHERINE M | | | | | 2. Issuer Name and Ticker or Trading Symbol HAEMONETICS CORP [HAE] | | | | | | | | | | ck all app | ationship of Reportir k all applicable) Director Officer (give title below) | | rson(s) to Is | |
|---|--|--|---------------------------------|-------------------------------|--|---|-------------|---------------------------|--------------------------------|-------------------------------------|----------|-----------------|---------|--|---|---|--|--|-----------|
| (Last) (First) (Middle) 125 SUMMER STREET | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/05/2022 | | | | | | | | | | | | | Other (below) | specify |
| (Street) BOSTO | | ate) (Z | 2110 Zip) | n-Deriva | | If Amendment, Date of Original Filed (Month/Day/Year) ive Securities Acquired, Disposed of, or Benef | | | | | | | Line) | Form Form Perso | ual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | | 1 - 1101 | | | _ | | | | DIS | | - | | | - | | | | |
| Date | | | 2. Transad Date (Month/Da | | Exe if an | A. Deemed xecution Date, any lonth/Day/Year) | | | | es Acquired (A Of (D) (Instr. 3, | | | Benefic | ies cially Following | Forn (D) c | wnership n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | | Price | Transa | ction(s) 3 and 4) | | | (113.114) |
| Common Stock | | | | 08/05/ | /2022 | | | | A | | 2,730(1) | .) A (2) | | (2) | 19,545 | | | 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) | if any | emed on Date, Day/Year) | Transaction Code (Instr. 8) | | of Deriv | r osed) r. 3, 4 | 6. Date Expirati (Month/ | ion Da Day/Y | | | str. | . Price of erivative ecurity nstr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |

Explanation of Responses:

- 1. The securities awarded are in the form of restricted stock units ("RSUs") issued pursuant to the Haemonetics Corporation 2019 Long-Term Incentive Compensation Plan. The RSUs vest 100% on the first anniversary of the date of grant.
- 2. Each RSU represents a contingent right to receive one (1) share of the Issuer's common stock when vested.

/s/ Thomas V. Powers, attorney-in-fact for Ms. Burzik

08/08/2022

** 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.