FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washii

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| ngton, D.C. 20549 | 10 |
|-------------------|----|
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| L | OMB APP | PROVAL | | | | | | | | |
|-----|--------------------------|-----------|--|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | | |
| ∥ E | Estimated average burden | | | | | | | | | |
| h | ours 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).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| | Name and Address of Reporting Person* GELBMAN RONALD G | | | | | 2. Issuer Name and Ticker or Trading Symbol HAEMONETICS CORP [HAE] | | | | | | | | eck all appli | onship of Reporting F all applicable) Director | | on(s) to Issu 10% Ow | |
|--|---|--|------------------------|------------------------------|--------|--|------------------------------|----------|------------------------------|-----------------------------|------------------------|--|--|---|--|---|--|--|
| (Last) 400 WO | Last) (First) (Middle) 400 WOOD ROAD | | | | | | Earli | est Tran | saction (| Month | n/Day/Year) | | | Officer (give title below) | | Other (s below) | pecify | |
| (Street) BRAINT | | | 02184 | | 4.1 | 4. If Amendment, Date of Ori | | | | | ed (Month/Da | Line | e) <mark>X</mark> Form | filed by One | ng (Check Applicable porting Person an One Reporting | | | |
| (City) | (S | | (Zip) Ie I - N | on-Deri | ivativ | e Sec | urit | ies Ac | auirea | 1. Di | sposed o | f. or Be | neficial | ly Owne | <u> </u> | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | action | on 2A. Deemed Execution Date | | | 3. Transa Code (8) | ction | 4. Securities Acquired (A) o | | | 5. Amo Securit Benefic | unt of ies | Form (D) o | n: Direct r Indirect | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | Code | v | Amount | (A) or (D) | Price | Transa | Reported Transaction(s) (Instr. 3 and 4) | | [| (Instr. 4) | |
| Common Stock 00 | | | | 06/12 | /2014 | 2014 | | | | | 9,184 | A | \$24.90 | 5 48 | ,357 | | D | |
| Common | Stock | | | 06/12 | /2014 | | | | S | | 9,184 | D | \$34.002 | 28 39 | 39,173 D | | | |
| | | - | Гable II | | | | | | | | posed of, convertil | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | Execution (ear) if any | | | Transaction Code (Instr. | | of | | Exercis on Dat Day/Ye | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4) | e s ally | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisa | ble | Expiration Date | Title | Amount or Number of Shares | | | | | |
| Non- Qualified Stock Option (right to | \$24.96 | 06/12/2014 | | | М | | | 9,184 | 08/01/20 | 08 ⁽¹⁾ | 08/01/2014 | Common Stock | 9,184 | \$34.0028 | 0 | | D | |

Explanation of Responses:

1. Grant to reporting person of right to buy shares of common stock exercisable 100 percent on the first anniversary of the date of grant.

By: Alexander Steffan For: 06/13/2014 Ronald Gelbman

** 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.