SEC Form 4

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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 burden								
hours per response:	0.5							

1. Name and Addres	ss of Reporting Perso CHARD J	n*	2. Issuer Name and Ticker or Trading Symbol <u>HAEMONETICS CORP</u> [HAE]		tionship of Reporting Perso all applicable) Director	son(s) to Issuer 10% Owner	
(Last) 400 WOOD RO	(First) (Middle)		3. Date of Earliest Transaction (Month/Day/Year) 12/14/2018		Officer (give title below)	Other (specify below)	
(Street)			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line) X	idual or Joint/Group Filing (Form filed by One Report		
BRAINTREE	MA	02184			Form filed by One Report Form filed by More than (Person	0	
(City)	(State)	(Zip)					

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.		4. Securities Disposed Of			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 Transaction(s) (Instr. 3 and 4)		Transaction(s)		(Instr. 4)		
Common Stock	12/14/2018		М		8,196	A	\$36.37	36,803(1)	D	
Common Stock	12/14/2018		S		8,196	D	\$102.86(2)	28,607(1)	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 Deri Secu Acq (A) (Disp of (E	osed)) tr. 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)	\$ 36.37	12/14/2018		М			8,196	07/27/2013 ⁽³⁾	07/27/2019	Common Stock	8,196	\$0	0	D	

Explanation of Responses:

1. This number includes unvested restricted stock units previously reported.

2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$102.56 to \$103.26, inclusive. The reporting person undertakes to provide to Haemonetics Corporation ("Haemonetics"), any security holder of Haemonetics, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote.

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

<u>/s/ Thomas V. Powers,</u>	12
attorney-in-fact for Mr. Meelia	<u>12</u> /

12/18/2018

** Signature of Reporting Person Da

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.