FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

STATEMENT	<b>OF CHANGES</b>	IN BENEFICIAL	<b>OWNERSHIP</b>

ı	OIVID APPROVAL										
	OMB Number:	3235-0287									
	Estimated average b	urden									

0.5

hours per response:

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

1. Name and Address of Reporting Person* <u>Kelly Michael P</u>				2. Issuer Name and Ticker or Trading Symbol HAEMONETICS CORP [ HAE ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  V Officer (give title Other (specify						
(Last) (First) (Middle) 400 WOOD ROAD				3. Date of Earliest Transaction (Month/Day/Year) 02/14/2013								below)			below)	/)		
(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							
(City)	(5	State)	(Zip)											Person				
		Та	ble I - No	on-Der	ivati	ve S	ecur	ities Ac	quired	l, Di	sposed of	, or Ben	eficially	Owned				
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		ar) E	2A. Deemed Execution Date, if any (Month/Day/Year)					4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and			es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) or (D)	Price	Reported Transact (Instr. 3 a	ion(s)			Instr. 4)	
Common	Stock			02/14	4/201	2013		M		1,400(1)	A	\$27.485	13,1	.36 <sup>(2)</sup>		D		
Common Stock 02/14/2			4/201	2013			S		1,400(1)	D	\$41.709	8 11,7	1,736 <sup>(2)</sup>		D			
			Table II								oosed of, convertib			Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year)		Execution Date, If any			ransaction Code (Instr.		Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title an of Securit Underlyin Derivative (Instr. 3 an	ies g Security	8. Price of Derivative Security (Instr. 5)	Securities Beneficial Owned Following Reported	Ownershi Form: Direct (D) or Indirect (I) (Instr. 4	Ownership	Beneficial Ownership t (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amount or Number of Shares		Transaction (Instr. 4)	ion(s)	ı(s)	
Non- Qualified Stock Option (right to buy)	\$27.485	02/14/2013			M			1,400 <sup>(1)</sup>	07/28/20	011 <sup>(3)</sup>	07/28/2017	Common Stock	1,400	\$0.0	59,74	10	D	
Non- Qualified Stock Option (right to buy)	\$30.67								10/25/20	012 <sup>(3)</sup>	10/25/2018	Common Stock	37,326		37,32	26	D	
Non- Qualified Stock Option	\$39.055								10/24/20	013 <sup>(3)</sup>	10/24/2019	Common Stock	39,344		39,34	14	D	

## **Explanation of Responses:**

buy)

- 2. Total includes Restricted Stock Awards and/or Restricted Stock Units that are subject to restrictions until vesting requirements are met. Grant was made under 2005 Long Term Incentive Compensation Plan.
- 3. 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: Chris Lindop For: Michael P Kelly

02/19/2013

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.