FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

UMB APPRO	IVAL				
OMB Number:	3235-0287				
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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* $\underline{Basil\ Michelle\ L}$					2. Issuer Name and Ticker or Trading Symbol HAEMONETICS CORP [HAE]									ck all applica Director	ionship of Reporting Perso all applicable) Director			10% Owner	
(Last) 400 WOO	(First D ROAD	st) (I	Middle)			Date of Earliest Transaction (Month/Day/Year) 03/06/2017							, x	below)				´	
(Street) BRAINTF (City)	REE MA		2184 Zip)		4. If	Ame	ndment, D	ate of	Original I	Filed	(Month/Day <i>i</i>	(Year)	6. Inc Line)	Form fil	ed by One	Repoi	(Check Appl rting Person One Reporti		
1. Title of Security (Instr. 3) 2. Trans Date				action	Execution Date, ay/Year) if any Transaction Code (Instr. Disposed Of (D)					es Acquirec	I (A) or	5. Amour Securitie Beneficia	5. Amount of Securities F Beneficially (orm: Direct D) or Indirect	7. Nature of Indirect			
							(Month/Day/Year)		Code	v	Amount	(A) or (D)	Price	Reported Transacti	Owned Following Reported Transaction(s) (Instr. 3 and 4)			Ownership (Instr. 4)	
Common Stock 03/0				03/06	5/2017		A		4,879 ⁽¹⁾ A \$		\$38.43	3 4,8	4,879		D				
		٦									osed of, o			Owned					
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security		cise (Month/Day/Year) if any (Month/Day/Year) we		Date, Transacti					6. Date Exercisable an Expiration Date (Month/Day/Year)		•	7. Title and An of Securities Underlying Derivative Sec (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	e s Illy J	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)		Date Exercisal	ole	Expiration Date	Title	Amount or Number of Shares						
Non- qualified Stock Option (Right to Buy)	\$38.43	03/06/2017			A		19,490		03/06/201	L8 ⁽²⁾	03/06/2024	Common Stock	19,490	\$38.43	19,49	0	D		
Performance	\$0	03/06/2017			A		9.758		00/20/201	o(3)	12/31/2019	Common	9.758	\$0	19.51	6	D		

Explanation of Responses:

- 1. Restricted Stock Unit Grant which vest 25% per year over 4 years following the grant date. Grant was made under 2005 Long Term Incentive Compensation Plan.
- 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.
- 3. Performance Share Units represent a right to receive one share of Haemonetics Corporation common stock for each Performance Share Unit based on the performance of Haemonetics stock price relative to the Total Shareholder Return of the companies comprising a blended index of the S&P MidCap 400 and S&P SmallCap 600. The number of Performance Share Units (and therefore the number of shares payable) will depend on the Company's stock price performance between October 1, 2016 and September 30, 2019. The Performance Share Units disclosed in column 5 represent a target amount. The number of shares ultimately issued could range from none to twice the target amount in column 5. The Performance Share Units were granted under the 2005 Haemonetics Corporation Long-Term Incentive Compensation Plan and are exempt under Rule 16b-3(d).

/s/ Alexander P. Steffan, attorney-in-fact for Ms. Basil

03/08/2017

** 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.