## SEC Form 4

## FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number:	3235-0287
Estimated average bur	den
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 Ad Lingamner	ddress of Reporting <u>ni Anila</u>	Person*	2. Issuer Name and Ticker or Trading Symbol <u>HAEMONETICS CORP</u> [ HAE ]		tionship of Reporting F all applicable) Director	10% Owner					
(Last) 125 SUMME	(First) ER STREET	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 05/28/2024	X	Officer (give title below) EVP, Chief Technolog	Other (specify below) ology Officer					
ļ ,			4. If Amendment, Date of Original Filed (Month/Day/Year)	idual or Joint/Group Fi	ling (Check Applicable						
(Street)				Line)	Form filed by One Re	eporting Person					
BOSTON	MA	02110			Form filed by More than One Reporting Person						
(City)	(State)	(Zip)	Rule 10b5-1(c) Transaction Indication								
				Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is inter satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.							

## 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)						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)		(Instr. 4)
Common Stock	05/28/2024		A		14,140 <sup>(1)</sup>	A	\$ <mark>0</mark>	28,825 <sup>(2)</sup>	D	
Common Stock	05/28/2024		F		5,279 <sup>(3)</sup>	D	\$95.73	23,546 <sup>(2)</sup>	D	

## Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

(e.g., puts, calls, warrants, options, convertible securities)

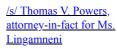
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code ( 8)		of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exerc Expiration Da (Month/Day/Y	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			Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

Explanation of Responses:

1. Represents shares earned from a performance share unit ("PSU") award granted to the reporting person on May 18, 2021, based on the issuer's total shareholder return relative to that of the companies comprising the S&P MidCap 400 Index for the performance period from May 18, 2021 to May 17, 2024, as certified by the Compensation Committee of the Board of Directors on May 26, 2024.

2. This number includes unvested restricted stock units ("RSUs") previously reported.

3. Represents shares withheld for tax obligations in connection with the vesting of certain PSUs reported in Table I.



05/29/2024

\*\* 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.

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).