FORM 4

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL										
	OMP North and ORDER OF										
	OMB Number: 3235-028 Estimated average burden										
	hours per response:	0.5									

					or	Section	on 30(h)	of the	Ínvestmen	t Con	npany Act	of 1940							
1. Name and Address of Reporting Person* Maunsell Farris Maryanne					2. Issuer Name and Ticker or Trading Symbol HAEMONETICS CORP [HAE]								Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
(Last) (First) (Middle) 125 SUMMER STREET				3. Date of Earliest Transaction (Month/Day/Year) 05/17/2024									Σ	VP, (Chief Acc		Other (s below) ing Office	r	
(Street) BOSTON	N M	A	02110		4. li	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	ndividual or Joint/Group Filing (Check Applicable) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S	tate)	(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 intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.									d to					
		Tab	le I - Nor	-Deriv	ative	Sec	curitie	s Ac	quired,	Dis	posed o	of, or B	enefi	ciall	y Owned	i			
1. Title of Security (Instr. 3)			2. Trans Date (Month/	/Day/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Transaction Dispose Code (Instr. 5)		rities Acquired (A) ed Of (D) (Instr. 3, 4			5. Amou Securitie Benefici Owned I Reporte	es Form ially (D) of Following (I) (II		n: Direct or Indirect ostr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	v	Amount	(D)	1.	rice	Transaction(s) (Instr. 3 and 4)				(5 4)	
Common Stock				05/1	7/202	4	A 587 ⁽¹⁾ A (2)		1,1	44 ⁽³⁾		D							
		Т	able II - I						uired, D , option						Owned				
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/Yea	Date,	4. Transaction Code (Instr. 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	s B Ily	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisabl		xpiration ate	Title	or	ount nber res					
Non- qualified Stock Ontion	\$95.73	05/17/2024			A		1,291		(4)	0:	5/17/2031	Common	1,2	291	\$0	1,291		D	

Explanation of Responses:

(Right to Buy)

- 1. The securities awarded are in the form of restricted stock units ("RSUs") issued pursuant to the Haemonetics Corporation Amended and Restated 2019 Long-Term Incentive Compensation Plan. The RSUs vest in three equal annual installments beginning on the first anniversary of the date of grant.
- 2. Each RSU represents a contingent right to receive one (1) share of the Issuer's common stock when vested.
- 3. This number includes unvested RSUs previously reported.
- 4. Option vests in annual increments of 25% beginning on the first anniversary of the date of grant.

/s/ Thomas V. Powers, attorney-in-fact for Ms. Farris

05/21/2024

** 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.