

FOOTE SUSAN BARTLETT
 Form 4
 May 06, 2011

FORM 4

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

OMB APPROVAL

OMB Number: 3235-0287
 Expires: January 31, 2005
 Estimated average burden hours per response... 0.5

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *
 FOOTE SUSAN BARTLETT

2. Issuer Name and Ticker or Trading Symbol
 HAEMONETICS CORP [HAE]

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

(Last) (First) (Middle)
 400 WOOD ROAD
 (Street)

3. Date of Earliest Transaction (Month/Day/Year)
 05/05/2011

Director 10% Owner
 Officer (give title below) Other (specify below)

BRAINTREE, MA 02184

(City) (State) (Zip)

4. If Amendment, Date Original Filed (Month/Day/Year)

6. Individual or Joint/Group Filing (Check Applicable Line)
 Form filed by One Reporting Person
 Form filed by More than One Reporting Person

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)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
				(A) or (D)	Price		
				Code	V	Amount	
Common Stock	05/05/2011		M	A	6,000	\$ 44.74	9,201 ⁽¹⁾ D
Common Stock	05/05/2011		S	D	6,000	\$ 67.6647	3,201 ⁽¹⁾ D

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

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 control number.

SEC 1474 (9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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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. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Security (Instr. 3 and 4)
Non-Qualified Stock Option (right to buy)	\$ 44.74	05/05/2011		M	6,000	09/02/2005 ⁽²⁾ 09/02/2015	Common Stock
Non-Qualified Stock Option (right to buy)	\$ 49.92					08/01/2008 ⁽³⁾ 08/01/2014	Common Stock
Non-Qualified Stock Option (right to buy)	\$ 52.76					05/05/2006 ⁽²⁾ 05/05/2013	Common Stock
Non-Qualified Stock Option (right to buy)	\$ 54.48					07/29/2011 ⁽³⁾ 07/29/2017	Common Stock
Non-Qualified Stock Option (right to buy)	\$ 58.46					07/31/2009 ⁽³⁾ 07/31/2018	Common Stock
Non-Qualified Stock Option (right to buy)	\$ 59.44					07/30/2010 ⁽³⁾ 07/30/2016	Common Stock

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
FOOTE SUSAN BARTLETT 400 WOOD ROAD BRAINTREE, MA 02184	X			

Signatures

By: Susan M. Hanlon For: Susan Foote 05/06/2011

**Signature of Reporting Person

Date

Explanation of Responses:

- * 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).
- (1) 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.
- (2) Grant to reporting person of right to buy shares of common stock exercisable immediately.
- (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.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.