### Edgar Filing: HAEMONETICS CORP - Form 4

HAEMONE	ETICS CORP									
Form 4										
June 23, 20										
FORM			CECU	DITTEC			NCECC			PPROVAL
	UNITED	STATES		shington			ANGE CU	OMMISSION	OMB Number:	3235-0287
Check t	aar								Expires:	January 31,
if no lor subject		MENT O	F CHAN	CHANGES IN BENEFICIAL OWNERSHIP OF					Estimated average	
Section 16.				SECURITIES					burden hou	0
Form 4 Form 5			~ •		~				response	0.5
obligati	000						-	Act of 1934,		
may cor				•	•	-	•	935 or Section	l	
See Inst	ruction	50(II)	of the fi	ivestinen	t Compa	ny A	ct of 1940			
1(b).										
(Print or Type	Responses)									
1. Name and	Address of Reporting	g Person <sup>*</sup>	2. Issue	er Name <b>an</b>	<b>d</b> Ticker o	r Trad	ing 5	5. Relationship of I	Reporting Pers	son(s) to
				2. Issuer Name <b>and</b> Ticker or Trading ymbol				ssuer		
		HAEMONETICS CORP [HAE]				.E]	(Check all applicable)			
(Last)	(First)	(Middle)	3. Date of	of Earliest 7	Transactior	ı		(Check	an applicable	;)
			(Month/Day/Year)				_	Director 10% Owner		
400 WOOD ROAD			06/22/2015					X_ Officer (give title Other (specify below) below)		
							L	CFO & EVP I		lopment
	(Street)		4. If Am	endment, D	Date Origin	al	e	5. Individual or Joi	nt/Group Filir	1g(Check
				onth/Day/Yea	-			Applicable Line)	1	
							-	X_Form filed by O		
BRAINTR	EE, MA 02184						Ī	Form filed by Me Person	ore man One Re	porting
(City)	(State)	(Zip)	Tab	ole I - Non-	Derivativ	e Secu	rities Acqui	ired, Disposed of,	or Beneficial	ly Owned
1.Title of	2. Transaction Date	e 2A. Deen	ned	3.	4. Securi	ties A	cquired (A)	5. Amount of	6.	7. Nature of
Security	(Month/Day/Year) Exec		ition Date, if Transaction Disposed of (D)					Securities	Ownership	Indirect
(Instr. 3)		any (Month/D	ov/Voor)	Code (Instr. 3, 4 and 5) (Instr. 8)				Beneficially Owned		Beneficial Ownership
		(WOIIII/L	ay/1cal)	(11150. 0)				Following	or Indirect	(Instr. 4)
						(A)		Reported	(I)	
						or		Transaction(s) (Instr. 3 and 4)	(Instr. 4)	
~				Code V	Amount	(D)	Price	(Instr. 5 and 4)		
Common	06/22/2015			М	4,902	А	\$ 26.315	43,090	D	
Stock					(1)					
Common Stock	06/22/2015			S	4,902 (1)	D	\$ 42.5121	38,188	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.

#### Edgar Filing: HAEMONETICS CORP - Form 4

# 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. Transactio Code (Instr. 8)	5. Number on f 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 A Underlying S (Instr. 3 and 4	leci
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Ai or Ni of Sh
Non-Qualified Stock Option (right to buy)	\$ 26.315	06/22/2015		М	4,902 (1)	10/23/2009(2)	10/23/2015	Common Stock	4

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
LINDOP CHRISTOPHER J 400 WOOD ROAD BRAINTREE, MA 02184			CFO & EVP Business Development				
Signatures							
By: Alexander Steffan For: Ch Lindop	ristopher	(	06/23/2015				

\*\*Signature of Reporting Person

### **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) Pursuant to a 10b5-1 Plan.
- (2) Grant to reporting person of right to buy shares of common stock vesting in annual increments over a 5 year period beginning on the first anniversary of the date of grant.

Date

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.