## Edgar Filing: HAEMONETICS CORP - Form 4

| HAEMONE   | ΓICS CORP  |                 |   |  |                |                             |  |   |  |                        |  |
|---|--|-----------------|---|--|----------------|-----------------------------|--|---|--|------------------------|--|
| Form 4  |  |                 |   |  |                |                             |  |   |  |                        |  |
| October 29, 2   |  |                 |   |  |                |                             |  |   |  |                        |  |
| FORM  | 4 UNITED   | STATES          |   | RITIES A<br>shington,                            |                |                             | NGE C  | COMMISSION  | OMB AF<br>OMB<br>Number:   | PROVAL<br>3235-0287    |  |
| if no long<br>subject to<br>Section 10                          | Check this box<br>if no longer<br>subject to<br>Section 16.<br>Form 4 or |                 |   |  |                |                             | Expires: January 31<br>2009<br>Estimated average<br>burden hours per<br>response 0.9 |   |  |                        |  |
| Form 5<br>obligatior<br>may conti<br><i>See</i> Instru<br>1(b). | inue. Section 17   | (a) of the P    | ublic U   | • •  | ling Con       | ipany                       | y Act of   | e Act of 1934,<br>E 1935 or Section<br>O  | ·  |                        |  |
| (Print or Type R  | Responses)   |                 |   |  |                |                             |  |   |  |                        |  |
| 1. Name and Address of Reporting Person <u>*</u><br>Helsel Dave |  |                 | 2. Issuer Name <b>and</b> Ticker or Trading<br>Symbol<br>HAEMONETICS CORP [HAE] |  |                |                             |  | 5. Relationship of Reporting Person(s) to<br>Issuer<br>(Check all applicable)   |  |                        |  |
|   |  |                 | 3. Date of Earliest Transaction<br>(Month/Day/Year)<br>10/27/2014               |  |                |                             |  | Director 10% Owner<br>X Officer (give title Other (specify<br>below) below)<br>EVP, Global Manufacturing                                |  |                        |  |
|   |  |                 |   | Amendment, Date Original<br>d(Month/Day/Year)    |                |                             |  | <ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> </ul> |  |                        |  |
| BRAINTRE  | E, MA 02184  |                 |   |  |                |                             |  | Form filed by M<br>Person   | Iore than One Re   | porting                |  |
| (City)  | (State)  | (Zip)           | Tabl  | e I - Non-D                                      | erivative      | Secur                       | ities Acq  | uired, Disposed of  | , or Beneficial  | ly Owned               |  |
| 1.Title of<br>Security<br>(Instr. 3)                            | 2. Transaction Dat<br>(Month/Day/Year)                                   | ) Execution any | Date, if  | 3.<br>Transactic<br>Code<br>(Instr. 8)<br>Code V | (Instr. 3,     | spose<br>4 and<br>(A)<br>or | d of (D)   | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4)                      | 6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4) | Indirect<br>Beneficial |  |
| Common<br>Stock   | 10/27/2014   |                 |   | D  | 251 <u>(1)</u> |                             | \$<br>35.92  | 13,123  | 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.

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

| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 4.<br>Transac<br>Code<br>(Instr. 8 | Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D) | 3                   | Date               | Secur | int of<br>rlying                       | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Nu<br>Deriv<br>Secu<br>Bene<br>Owne<br>Follo<br>Repo<br>Trans<br>(Instr |
|---|---|---|------------------------------------|--|---------------------|--------------------|-------|--|---|--|
|   |   |   | Code                               | (Instr. 3,<br>4, and 5)                                | Date<br>Exercisable | Expiration<br>Date | Title | Amount<br>or<br>Number<br>of<br>Shares |   |  |

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## **Reporting Owners**

| Reporting Owner Name / Address                      | Relationships |            |                 |             |  |  |  |  |
|---|---------------|------------|-----------------|-------------|--|--|--|--|
|   | Director      | 10% Owner  | Officer         | Other       |  |  |  |  |
| Helsel Dave<br>400 WOOD ROAD<br>BRAINTREE, MA 02184 |               |            | EVP, Global Mar | nufacturing |  |  |  |  |
| Signatures  |               |            |                 |             |  |  |  |  |
| By: Alexander Steffan For: Day<br>Helsel            | 10/29/        | 10/29/2014 |                 |             |  |  |  |  |
| <u>**</u> Signature of Reporting Person             |               | Dat        | e               |             |  |  |  |  |

## **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 to cover tax liability for released shares.

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.