HAEMONETICS CORP

Form 4

February 03, 2015

FORM 4

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

OMB

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

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OMB APPROVAL

Section 16. Form 4 or Form 5 obligations may continue.

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

burden hours per response... 0.5

See Instruction 1(b).

(Print or Type Responses)

(State)

| 1. Name and Addi CONCANNON | • | ng Person * | 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) | 3. Date of Earliest Transaction | (Shear an applicable) | | |
| 400 WOOD ROAD | | | (Month/Day/Year) 02/02/2015 | _X_ Director 10% Owner _X_ Officer (give title Other (specify below) President & CEO | | |
| (Street) BRAINTREE, MA 02184 | | | 4. If Amendment, Date Original | 6. Individual or Joint/Group Filing(Check | | |
| | | | Filed(Month/Day/Year) | Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | |

| (City) | (State) | (Zip) Tab | le I - Non- | Derivative | Secu | rities Acqui | red, Disposed of, | or Beneficiall | y Owned |
|--------------------------------------|---|---|--|--------------|------------------|---|--|----------------------------|------------|
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. 4. Securities Acquired (A) Transactiomr Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) | | | 5. Amount of Securities Beneficially Owned | Ownership Indirect Form: Beneficial Direct (D) Ownership | Beneficial Ownership | |
| | | | Code V | Amount | (A) or (D) | Price | Following Reported Transaction(s) (Instr. 3 and 4) | or Indirect (I) (Instr. 4) | (Instr. 4) |
| Common Stock | 02/02/2015 | | M | 4,765 (1) | A | \$ 27.275 | 151,805 | D | |
| Common Stock | 02/02/2015 | | S | 4,765 (1) | D | \$ 39.1459 | 147,040 | D | |

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

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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. Transaction Code (Instr. 8) | 5. Number on Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | 6. Date Exercisabl Expiration Date (Month/Day/Year) | | 7. Title and A Underlying S (Instr. 3 and 4 | Seci |
|---|---|---|---|---|---|---|--------------------|---|----------------------------|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | An or No of Sh |
| Non-Qualified Stock Option (right to buy) | \$ 27.275 | 02/02/2015 | | M | 4,765 (1) | 10/22/2009(2) | 10/22/2015 | Common Stock | 4 |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | |
|----------------------------------|---------------|-----------|-----------------|-------|--|--|
| | Director | 10% Owner | Officer | Other | | |
| CONCANNON BRIAN 400 WOOD ROAD | X | | President & CEO | | | |
| BRAINTREE, MA 02184 | | | | | | |

Signatures

By: Alexander Steffan For: Brian O2/03/2015

**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) Pursuant to a 10b5-1 Plan.
- (2) Grant to reporting person of right to buy shares of common stock exercisable in annual increments of 25 percent beginning 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.

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