Edgar Filing: HAEMONETICS CORP - Form 4

HAEMONE Form 4 October 29,								
FORM	1 /				OMB AF	PROVAL		
	UNITED STAT	ES SECURITIES AND I Washington, D.C.		COMMISSION	OMB Number:	3235-0287		
Check th if no long subject to Section 1 Form 4 of	ger STATEMENT 6. r	OF CHANGES IN BEN SECURITIE		Expires: January 31 2009 Estimated average burden hours per response 0.5				
Form 5 obligatio may cont <i>See</i> Instr 1(b).	$\frac{ns}{tinue}$. Section $17(a)$ of t	o Section 16(a) of the Sec ne Public Utility Holding (h) of the Investment Com	Company Act o	f 1935 or Sectior	1			
(Print or Type]	Responses)							
	Address of Reporting Person HRISTOPHER J	Symbol	2. Issuer Name and Ticker or Trading Symbol HAEMONETICS CORP [HAE]			5. Relationship of Reporting Person(s) to Issuer		
(Least)	(First) (Middle)			(Checl	k all applicable)		
(Last) 400 WOOD	(First) (Middle) PROAD	3. Date of Earliest Transact (Month/Day/Year) 10/27/2008	ion	Director X Officer (give below) CFO &		Owner er (specify of		
	(Street)	4. If Amendment, Date Orig Filed(Month/Day/Year)	ginal	6. Individual or Jo Applicable Line) _X_ Form filed by C	-	-		
BRAINTRE	EE, MA 02184			Form filed by M Person				
(City)	(State) (Zip)	Table I - Non-Derivat	ive Securities Ac		or Beneficial	lv Owned		
1.Title of Security (Instr. 3)	2. Transaction Date 2A. I (Month/Day/Year) Exect any (Mon	eemed 3. 4. Se tion Date, if Transaction(A) of	curities Acquired r Disposed of (D) : 3, 4 and 5) (A) or unt (D) Price	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		
Common Stock	10/27/2008	S 107	D $\frac{$}{50.08}$	6,168 <u>(1)</u>	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 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. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisab Expiration Date (Month/Day/Year		7. Title and Amount Underlying Securitie (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amou or Numb of Sha
Non-Qualified Stock Option (right to buy)	\$ 48.09					01/25/2008(2)	01/25/2014	Common Stock	58,3′
Non-Qualified Stock Option (right to buy)	\$ 51.07					10/24/2008(2)	10/24/2014	Common Stock	21,2
Non-Qualified Stock Option (right to buy)	\$ 52.63					10/23/2009(3)	10/23/2015	Common Stock	49,02
Non-Qualified Stock Option (right to buy)	\$ 54.55					10/22/2009 <u>(2)</u>	10/22/2015	Common Stock	21,44

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Reporting Owners

Reporting Owner Name / Address	8		Relationships		
1	Director	10% Owner	Officer	Other	
LINDOP CHRISTOPHER J 400 WOOD ROAD BRAINTREE, MA 02184			CFO & Vice President of		
Signatures					
By: Susan M Hanlon For: Chris Lindop	stopher J		10/29/2008		
**Signature of Reporting Perso	on		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 in annual increments of 25 percent beginning on the first anniversary of the date of grant.

(3) 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.

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.