Edgar Filing: Burke William P. Mr. - Form 4

Burke Willia	m P. Mr.											
Form 4												
May 23, 2018	8											
FORM	4		GEGUE			~~~			OMB APPROVAL			
	UNITE	D STATES		RITIES A shington,			NGE C	COMMISSION	OMB Number:	3235-0287		
Check thi if no long	or								Expires:	January 31, 2005		
subject to STATEMENT OF CHAI Section 16.							LOW	NERSHIP OF	Estimated average burden hours per			
				SECUR	ITIES							
Form 4 or Form 5		ursuant to	Section 1	6(a) of the	- Securit	ies F	vchang	e Act of 1934,	response	0.5		
obligation	¹⁸ Section 1'						-	² 1935 or Section	ı			
may conti <i>See</i> Instru 1(b).	inue.			vestment	•	· ·			-			
(Print or Type R	Responses)											
Burke William P. Mr. Sy				2. Issuer Name and Ticker or Trading Symbol HAEMONETICS CORP [HAE]				5. Relationship of Reporting Person(s) to Issuer				
							[د	(Check all applicable)				
(Last)	(First)	(Middle)		f Earliest Tra	ansaction			Director	100/	Owner		
400 WOOD ROAD			(Month/Day/Year) 10/25/2017					Director 10% Owner X Officer (give title Other (specify below) below) EVP, Chief Financial Officer				
			4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check				
			Filed(Mor	nth/Day/Year))			Applicable Line) _X_ Form filed by One Reporting Person				
BRAINTRE	E, MA 02184							Form filed by M Person				
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deem (Month/Day/Year) Execution any (Month/D		n Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)			d of (D)	5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)				
				Code V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)	(
Common Stock	10/25/2017			S	841 <u>(1)</u>	D	\$ 46.76	13,393 <u>(2)</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 Deriva Securit (Instr.	tive ty 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Under Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Burke William P. Mr. 400 WOOD ROAD BRAINTREE, MA 02184			EVP, Chief Financial Officer					
Signatures								
/s/ Thomas V. Powers, attorney Burke	05/23/2018							
<u>**</u> Signature of Reporting F	erson		Date					
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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).

Represents the number of shares required to be sold by the reporting person to cover tax withholding obligations in connection with the vesting of certain restricted stock units previously reported in Table I following the date of grant. This sale is mandated by the Issuer's

- vesting of certain restricted stock units providesly reported in Fabre Fronowing the date of grant. This safe is mandated by the issuer's election under its 2005 Long Term Incentive Compensation Plan to require the satisfaction of tax withholding obligations to be funded by a "sell to cover" transaction and does not represent a discretionary trade by the reporting person.
- (2) This number includes unvested restricted stock units previously reported.

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.