## HAEMONETICS CORP Form 3 July 27, 2005 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB approval

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

(Print or Type Responses)

1. Name and Address of Reporting Person <u>*</u> MEELIA RICHARD J	2. Date of Event Requiring Statement (Month/Day/Year)	3. Issuer Name and Ticker or Trading Symbol HAEMONETICS CORP [HAE]				
(Last) (First) (Midd	le) 07/27/2005	4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)	
400 WOOD ROAD					•	
(Street)		(Check al	(Check all applicable) 6. Individual or Joint/Group			
BRAINTREE, MA 02184		X Director Officer (give title below)	10% Own Other (specify below)	er Filing(Cho _X_Form Person	eck Applicable Line) filed by One Reporting filed by More than One	
(City) (State) (Zip	<b>Table I -</b>	Non-Derivativ	ve Securities I	Beneficially	y Owned	
1.Title of Security (Instr. 4)	2. Amount o Beneficially (Instr. 4)	v Owned C	Ownership Ow	Nature of Indi vnership str. 5)	rect Beneficial	
Reminder: Report on a separate line owned directly or indirectly.	for each class of securities benefic	cially SEC	C 1473 (7-02)			
information required to r	o respond to the collection of contained in this form are no espond unless the form disp id OMB control number.	t				
Table II - Derivative	Securities Beneficially Owned (	e.g., puts, calls, w	arrants, options	s, convertible	securities)	
1. Title of Derivative Security (Instr. 4)	Expiration Date Securit	e and Amount of ties Underlying tive Security 4)	4. Conversion or Exercise Price of Derivative	5. Ownership Form of Derivative Security:	6. Nature of Indirect Beneficial Ownership (Instr. 5)	

Security

Amount or

Number of

Shares

Direct (D)

or Indirect

(Instr. 5)

(I)

Date

Exercisable

Expiration

Title

Date

3235-0104

January 31,

2005

0.5

Number:

Expires:

response...

Estimated average burden hours per

## **Reporting Owners**

Reporting Owner Name / Address	Relationships				
1 8	Director	10% Owner	Officer	Other	
MEELIA RICHARD J 400 WOOD ROAD BRAINTREE, MA 02184	ÂX	Â	Â	Â	
Signatures					
By: Ronald J. Ryan For: Richar Meelia	07/27/2005				
**Signature of Reporting Person	Date				

## **Explanation of Responses:**

No securities are beneficially owned

\* If the form is filed by more than one reporting person, see Instruction 5(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).

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.