**HAEMONETICS CORP** 

Form 4 July 03, 2007

### FORM 4

#### **OMB APPROVAL**

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

**OMB** 3235-0287 Number:

Check this box if no longer subject to Section 16.

January 31, Expires: 2005

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

Estimated average burden hours per response... 0.5

Form 4 or Form 5 obligations may continue. See Instruction

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

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * Popovsky Mark A			2. Issuer Name <b>and</b> 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	(Check an applicable)		
400 WOOD RO	OAD		(Month/Day/Year) 07/02/2007	Director 10% OwnerX Officer (give title Other (specify below)  VP, Corporate Medical Director		
	(Street)		4. If Amendment, Date Original	6. Individual or Joint/Group Filing(Check		
BRAINTREE, MA 02184			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-	Derivativ	e 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. Transactic Code (Instr. 8)		esed of 4 and (A) or	` ′	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 Indirect Beneficial Ownership (Instr. 4)
Common Stock	07/02/2007		M	7,000	A	\$ 22.7188	10,552	D	
Common Stock	07/02/2007		S	7,000	D	\$ 52.7863	3,552	D	

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

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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. Transactic Code (Instr. 8)	Secur Acqu (A) o	erivative rities ired rosed of 3, 4,	6. Date Exercisab Expiration Date (Month/Day/Year		7. Title and A Underlying S (Instr. 3 and A	Secu
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	An or No of
Non-Qualified Stock Option (right to buy)	\$ 22.7188	07/02/2007		M		7,000	08/04/2001(1)	08/04/2010	Common Stock	7
Non-Qualified Stock Option (right to buy)	\$ 26.105						05/05/2005(1)	05/05/2014	Common Stock	1
Non-Qualified Stock Option (right to buy)	\$ 31.66						04/29/2003(1)	04/29/2012	Common Stock	1
Non-Qualified Stock Option (right to buy)	\$ 33.15						04/30/2002(1)	04/30/2011	Common Stock	1
Non-Qualified Stock Option (right to buy)	\$ 41.15						07/27/2006(1)	07/27/2015	Common Stock	1
Non-Qualified Stock Option (right to buy)	\$ 52.76						05/05/2007(1)	05/05/2013	Common Stock	1

## **Reporting Owners**

Reporting Owner Name / Address		Keiauonsinps				
	Director	10% Owner	Officer	Other		

Popovsky Mark A 400 WOOD ROAD BRAINTREE, MA 02184

VP, Corporate Medical Director

## **Signatures**

By: Susan Hanlon For: Mark A. Popovsky 07/03/2007

\*\*Signature of Reporting Person 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).
- (1) 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.