

ALLEN PETER M
Form 4
June 07, 2011

FORM 4

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

OMB APPROVAL

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STATEMENT OF CHANGES IN 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 *
ALLEN PETER M

(Last) (First) (Middle)
400 WOOD ROAD
(Street)

BRAINTREE, MA 02184

(City) (State) (Zip)

2. Issuer Name and Ticker or Trading Symbol
HAEMONETICS CORP [HAE]

3. Date of Earliest Transaction
(Month/Day/Year)
06/03/2011

4. If Amendment, Date Original Filed(Month/Day/Year)

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

___ Director ___ 10% Owner
X Officer (give title below) ___ Other (specify below)

Chief Marketing Officer

6. Individual or Joint/Group Filing(Check Applicable Line)
X Form filed by One Reporting Person
___ Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	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 Ownership (Instr. 4)
			Code	V	Amount or Price		
Common Stock	06/03/2011		M		8,350 (1) \$ 21.46	A	18,450 (2) D
Common Stock	06/03/2011		S		8,350 (1) \$ 66.16	D	10,100 (2) D

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

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(9-02)

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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 of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Security (Instr. 3 and 4)
Non-Qualified Stock Option (right to buy)	\$ 21.46	06/03/2011		M	8,350 (1)	09/03/2004 ⁽³⁾ 09/03/2013	Common Stock 8
Non-Qualified Stock Option (right to buy)	\$ 26.105					⁽³⁾ 05/05/2014	Common Stock 1
Non-Qualified Stock Option (right to buy)	\$ 41.15					⁽³⁾ 07/27/2012	Common Stock 1
Non-Qualified Stock Option (right to buy)	\$ 51.07					10/24/2008 ⁽³⁾ 10/24/2014	Common Stock 1
Non-Qualified Stock Option (right to buy)	\$ 52.76					05/05/2007 ⁽³⁾ 05/05/2013	Common Stock 1
Non-Qualified Stock Option (right to buy)	\$ 52.94					10/27/2010 ⁽³⁾ 10/27/2016	Common Stock 1
Non-Qualified Stock Option (right to buy)	\$ 54.55					10/22/2009 ⁽³⁾ 10/22/2015	Common Stock 1
Non-Qualified Stock Option (right to buy)	\$ 54.99					10/27/2011 ⁽³⁾ 10/27/2017	Common Stock 1

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
ALLEN PETER M 400 WOOD ROAD			Chief Marketing Officer	

BRAINTREE, MA 02184

Signatures

By: Susan M. Hanlon For: Peter M.
Allen

06/06/2011

__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) 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.
- (3) 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.