Edgar Filing: HAEMONETICS CORP - Form 4

HAEMONE	TICS CORP										
Form 4											
July 26, 2013	3										
FORM 4 LINETED STATES SECURITIES AND EXCHANCE COMMISSION									PPROVAL		
	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287		
Check thi	is box		vv as	migton,	D.C. 203	549				January 31,	
if no longer				GES IN BENEFICIAL OWNERS SECURITIES				NERSHIP OF	Expires: 2005 Estimated average burden hours per response 0.5		
Form 5 obligations may continue. See Instruction 1(b). 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 F	Responses)										
Zane Ellen M S			Symbol	Name and			-	5. Relationship of Reporting Person(s) to Issuer			
			HAEMO	DNETICS	CORP [HAE	E]	(Chec	k all applicable	e)	
(Last)	Last)(First)(Middle)3. Date of Earliest Transaction										
400 WOOD ROAD			(Month/Day/Year) 07/24/2013					X_ Director10% Owner Officer (give titleOther (specify below)below)			
			ndment, Date Original th/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
BRAINTRE	E, MA 02184							Form filed by M Person	Iore than One R	eporting	
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ties Ac	quired, Disposed of	f, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea	ar) Execution any	emed on Date, if /Day/Year)	3.4. SecuritiesTransactionAcquired (A) orCodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5)		Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or (Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Code V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)			
Common Stock	07/24/2013			А	1,649 (1)	А	\$0	4,397 <u>(2)</u>	D		
Reminder: Rep	ort on a separate li	ne for each c	lass of secu	rities benefi	cially own	ed dir	ectly 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

SEC 1474 (9-02)

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

number.

Edgar Filing: HAEMONETICS CORP - Form 4

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. 5. Number Transaction Derivative Code Securities (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisat Expiration Date (Month/Day/Year	7. Title and Ame Underlying Secu (Instr. 3 and 4)		
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Ai or Ni of
Non-Qualified Stock Option (right to buy)	\$ 45.45	07/24/2013		А	6,573	07/24/2014(3)	07/24/2023	Common Stock	e
Non-Qualified Stock Option (right to buy)	\$ 36.37					07/27/2013 <u>(3)</u>	07/27/2019	Common Stock	1

Reporting Owners

Reporting Owner Name / Address		Relationsh		
1	Director	10% Owner	Officer	Other
Zane Ellen M 400 WOOD ROAD BRAINTREE, MA 02184	Х			
Signatures				
By: Alexander Steffan For: Ellen Zane		07/26/20		
**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) Restricted Stock Unit Grant which vest 100% on the first anniversary of the grant date. Grant was made under 2005 Long Term Incentive Compensation 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 100 percent 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.