HAEMONETICS CORP

Form 4

August 18, 2016

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

Check this box if no longer

subject to Section 16. Form 4 or

Form 5 obligations may continue. See Instruction

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

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * Simon, Christopher

(First) (Middle) (Last)

(Street)

(State)

(Month/Day/Year)

400 WOOD ROAD

(City)

1. Title of

Security

(Instr. 3)

BRAINTREE, MA 02184

2. Issuer Name and Ticker or Trading Symbol

HAEMONETICS CORP [HAE]

3. Date of Earliest Transaction (Month/Day/Year) 08/16/2016

4. If Amendment, Date Original

Filed(Month/Day/Year)

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

Execution Date, if

(Month/Day/Year)

(Zip)

2. Transaction Date 2A. Deemed

3. 4. Securities TransactionAcquired (A) or

Code (Instr. 8)

Disposed of (D) (Instr. 3, 4 and 5)

Reported (A) Transaction(s) (Instr. 3 and 4)

Code V Amount (D) Price

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

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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 3. Transaction Date 3A. Deemed 4. 5. Number of 6. Date Exercisable and Derivative Conversion (Month/Day/Year) Execution Date, if **Transaction**Derivative **Expiration Date** Security or Exercise Code Securities (Month/Day/Year) any

7. Title and Amoun

Underlying Securiti

(Instr. 3 and 4)

OMB APPROVAL

3235-0287

January 31,

2005

0.5

OMB

Number:

Expires:

response...

5. Relationship of Reporting Person(s) to

(Check all applicable)

President & CEO

6. Ownership

Form: Direct

(D) or Indirect Beneficial

6. Individual or Joint/Group Filing(Check

X Form filed by One Reporting Person Form filed by More than One Reporting

(T)

(Instr. 4)

10% Owner

Other (specify

7. Nature of

Ownership

(Instr. 4)

Indirect

Issuer

below)

Person

5. Amount of

Securities

Owned

Beneficially

Following

Director

Applicable Line)

X_ Officer (give title

Estimated average

burden hours per

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(Instr. 3) Price of Derivative Security (Month/Day/Year) (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)

(D) Date Expiration Title Amou Exercisable Date or Numb

of Sh

57.1

Performance Shares \$ 34.9959 08/16/2016 A 57,149 08/16/2019 12/31/2019 Common Stock

Code V

(A)

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Simon, Christopher 400 WOOD ROAD BRAINTREE, MA 02184

President & CEO

Signatures

/s/ Alexander Steffan, attorney-in-fact for Mr. Simon

08/18/2016

**Signature of Reporting Person

Date

Explanation of Responses:

Incentive Compensation Plan.

- * 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).

This grant was made under the terms of Mr. Simon's Employment Agreement and is the matching grant for his August 4, 2016 open market purchase of Haemonetics Corporation common shares. These Performance Share Units represent a right to receive one share of Haemonetics Corporation common stock for each Performance Share Unit based on the performance of Haemonetics stock price relative to companies in the S&P MidCap 400 and S&P SmallCap 600. The number of Performance Share Units (and therefore the number of shares payable) will depend on the Company's stock price performance during a three year period beginning August 4, 2016. The Performance Share Units disclosed in column 5 represent a target amount. The number of shares ultimately issued could range from none to twice the target amount in column 5. The Performance Share Units were granted under the Haemonetics Corporation 2005 Long-Term

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.

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