FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPRO	DVAL						
l	OMB Number:	3235-0287						
l	Estimated average burden							
l	hours per response:	0.5						

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* REYNOLDS FRANCIS						2. Issuer Name and Ticker or Trading Symbol INVIVO THERAPEUTICS HOLDINGS CORP. [NVIV]									heck al	l applica Director	,	X	, 10% C		
CORP.) INVIVO THERAPEUTICS HOLDINGS RP.					3. Date of Earliest Transaction (Month/Day/Year) 05/09/2013										X Officer (give title Other (specify below) CEO, CFO					
ONE KENDALL SQUARE, SUITE B14402 (Street) CAMBRIDGE MA 02139					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(518)		Zip) E I - Nor	n-Deriv	ative	Se	curitie	es Aci	nuired	Dis	nosed o	of O	r Ren	eficia	ally O	wned					
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)						ction 2A. Deemed Execution Date,		3. 4 Transaction Code (Instr. 5		4. Securities Acquired (A) Disposed Of (D) (Instr. 3,			(A) or) or 5. An 4 and Secu Bene Own		s Illy ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount		(A) or (D)	Price	Ti	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
COMMON STOCK 05/09/							2013		S ⁽¹⁾		4,250		D	\$2.9	4(2)	13,276,770		D			
COMMON	0/2013	2013		S ⁽¹⁾		4,250		D	\$2.9) (3)	13,272,520		D								
COMMON STOCK																19,579		I		By 401(k) plan	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
Derivative Security (Instr. 3)	ative Conversion Date Execution Date ity or Exercise (Month/Day/Year) if any			Date,	4. Transaction Code (Instr. 8)		of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date E Expiratio (Month/D	on Date	Amount of		ount	8. Price Derivat Securit (Instr. §	ive de y Se) Be Ov Fo Re	Number of privative ocurities eneficially wned ollowing eported ansaction(sstr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	: t (D) lirect	Beneficial Ownership (Instr. 4)		

Explanation of Responses:

- $1. The sales \ reported \ in \ this \ Form \ 4 \ were \ effected \ pursuant \ to \ a \ Rule \ 10b5-1 \ trading \ plan \ adopted \ by \ the \ reporting \ person.$
- 2. The price reported in column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$2.90 to \$3.01, inclusive. The reporting person undertakes to provide InVivo Therapeutics Holdings Corp. ("InVivo"), any security holder of InVivo, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in footnotes 2 through 4.
- 3. The price reported in column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$2.86 to \$2.99, inclusive.

<u>/s/ Francis Reynolds</u> <u>05/10/2013</u>

** Signature of Reporting Person Date

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

- * 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.