FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPRO	OVAL							
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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]												p of Reportin blicable) ctor	g Pers	,			
																X		er (give title			(specify		
	C/O INVIVO THERAPEUTICS HOLDINGS					3. Date of Earliest Transaction (Month/Day/Year)											below) below) CEO, CFO						
CORP. ONE KENDALL SQUARE, SUITE B14402																							
ONE KE	4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)												6. Individual or Joint/Group Filing (Check Applicable									
(Street)																ine)	Form	a filed by One	Don	ortina Doro	on		
CAMBRIDGE MA 02139																X Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City) (State) (Zip)																		. 3.33.1					
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																							
1. Title of Security (Instr. 3) 2. Transa Date (Month/D						ar)	Execut if any	A. Deemed Execution Date, Fany Month/Day/Year)		Code (Instr.						and Securit Benefit Owned		ties cially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
										Code	v	Amount		(A) or (D)	Price)	Repor Transa (Instr.	ted action(s) 3 and 4)			(Instr. 4)		
COMMON STOCK 03/18/							2013			S ⁽¹⁾		4,250		D	\$2.4(2)		13,512,560		D				
COMMON STOCK 03/19/										S ⁽¹⁾		4,250		D	\$2.38(3)		13,508,310		D				
COMMON STOCK 03/20/						3				S ⁽¹⁾		4,250		D	\$2.4(4)		13,504,060			D			
COMMON STOCK																19,579			I	By 401(k) plan			
			Table II -														wned						
4 ==== 6				· · · ·	-	ans	i		_			onvertib	_			_				•	44.19.4		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transactio Date (Month/Day/\)	Execution (ear) if any			Transaction Code (Instr.		Number rivative curities quired or sposed (D) str. 3, 4		6. Date E. Expiratio (Month/D	n Date	•	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		f g	Deri	Price of rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4)	O F D o (I	0. Ownership Form: Direct (D) or Indirect () (Instr. 4)	Beneficial Ownership t (Instr. 4)		
				Code	Code V (A		(D)				Expiration Date	Title	or Nu of	ımber									

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 \$2.37 to \$2.43, 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 \$2.35 to \$2.40, inclusive.
- 4. The price reported in column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$2.37 to \$2.44, inclusive.

/s/ Francis Reynolds 03/20/2013

** 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.