FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPRO	VAL						
	OMB Number:	3235-0287						
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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					IN	2. Issuer Name and Ticker or Trading Symbol INVIVO THERAPEUTICS HOLDINGS CORP. [NVIV]									heck all ap X Dire	ctor	g Person X	10% C	wner
CORP.	O INVIVO THERAPEUTICS HOLDINGS ORP.					3. Date of Earliest Transaction (Month/Day/Year) 05/13/2013										Officer (give title below) CEO, CFO Other (specify below)			
ONE KENDALL SQUARE, SUITE B14402 (Street) CAMBRIDGE MA 02139					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									ne) X Fori Fori	ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(St		Zip)											<u> </u>					
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transa Date (Month/D					action	ction 2A. Deemed Execution Date,			3. Transa Code (action	4. Securities Acquired (A)				or 5. Amount of		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	Trans	action(s) 3 and 4)			(111511.4)		
COMMON STOCK 05						3/2013					4,250		D	\$2.94	⁴⁽²⁾ 13	,268,270	D		
COMMON STOCK 05/14						/2013					4,250		D	\$2.88	B ⁽³⁾ 13	13,264,020			
COMMON STOCK 05.					5/2013				S ⁽¹⁾		4,250		D	\$2.84	1 ⁽⁴⁾ 13	13,259,770			
COMMON STOCK															23,488			By 401(k) plan	
	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. Deem Execution if any (Month/Da	Date,	4. Transa Code (8)		of		Expiration	6. Date Exercis Expiration Date (Month/Day/Yea		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		tr. 3	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Own Forn Direc or In (I) (Ir		11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v			Date Exercisa	Date Exercisable		Title	Amo or Num of Shar	ber					

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 \$2.87 to \$3.04, 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 \$2.84 to \$2.90, inclusive.
- 4. The price reported in column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$2.82 to \$2.89, inclusive.

/s/ Francis Reynolds 05/15/2013

** 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.