FORM 4

Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	CTATEMENT OF CHANGES IN DENEELOIAL CHANEDOLUS
Check this box if no longer subject to	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
Section 16. Form 4 or Form 5	
obligations may continue. See	

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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]										5. Relationship of Reporti (Check all applicable) X Director			g Pers X	10% C)wner	
(Last) (First) (Middle) C/O INVIVO THERAPEUTICS HOLDINGS CORP. ONE KENDALL SQUARE, SUITE B14402					3. Date of Earliest Transaction (Month/Day/Year) 04/08/2013										X	Officer (give title Other (specify below) CEO, CFO					
(Street) CAMBRIDGE MA 02139 (City) (State) (Zip)					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)										ndividual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tabl	e I - Noi	า-Deriv	ative	Sec	uritie	s Acc	quired,	Dis	posed o	f, oı	r Ben	eficia	ally C)wne	ed				
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)				or 5. Amount o 4 and Securities Beneficially Owned Folld Reported		ties cially I Following	Form	nership : Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount		(A) or (D)	Price	.	Transa	ted action(s) 3 and 4)			(Instr. 4)	
COMMON STOCK				04/08/2013					S ⁽¹⁾		4,250		D	\$2.9	3(2)	13,453,060		D			
COMMO	COMMON STOCK				04/09/2013				S ⁽¹⁾		4,250		D	\$3.1	2(3)	13,448,810			D		
COMMO	N STOCK			04/10	/2013				S ⁽¹⁾		4,250		D	\$3.0	3(4)	13,	444,560	D			
COMMO	N STOCK															1	9,579		I	By 401(k) plan	
		Та									sed of, onvertib				y Ow	ned					
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,	ate, Transacti Code (Ins		5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr	rities ired sed sed	6. Date E Expiratio (Month/D	n Date	е	7. Title and Amount of Securities Underlying Derivative Security (Instr and 4)				ivative curity	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Or Fo Di (I)	o. wnership orm: rect (D) Indirect (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
						V					Expiration Date	Title	or Nur of	ount nber ires							

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 \$2.85 to \$3.06, 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 \$3.08 to \$3.17, inclusive.
- 4. The price reported in column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$3.00 to \$3.07, inclusive.

04/10/2013 /s/ Francis Reynolds

** 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.