Check this box i

Section 16. Form obligations may

Instruction 1(b)

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

f no longer subject to	STATEMENT OF CH
n 4 or Form 5	
continue See	

ANGES IN BENEFICIAL OWNERSHIP

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				IN	2. Issuer Name and Ticker or Trading Symbol INVIVO THERAPEUTICS HOLDINGS CORP. [NVIV]										all app Dired		g Pers	10% C)wner	
(Last) 81 LAKE	(Fii E SHORE R	,	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 09/16/2013										Officer (give title below)		below		(specify
(Street) SALEM (City)	NI (St)3079 Zip)		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Indi Line) X	Forn	or Joint/Group on filed by One on filed by Mor oon	orting Pers	on	
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		r)	2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction		Disposed	4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)				Secur Benef Owne	icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount		(A) or (D)	Pric	e	Repor Transa (Instr.	action(s) 3 and 4)			(Instr. 4)
СОММО	N STOCK			09/16	/2013				S ⁽¹⁾		12,000)	D	\$1	.43(2)	11,	451,920		D	
COMMO	IMON STOCK 09/1			09/17	7/2013				S ⁽¹⁾		12,000	0	D	\$1	.5 ⁽³⁾	11,439,920		D		
COMMO	N STOCK			09/18	/2013				S ⁽¹⁾		12,000	0	D	\$1	.37(4)	11,	11,427,920 D			
COMMO	N STOCK															2	23,488		I	By 401(k) plan
		Та									sed of, onvertib					wned				
1. Title of Derivative Security (Instr. 3)	perivative Conversion Date Execution Date cecurity or Exercise (Month/Day/Year) if any		Date,		ansaction of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration			7. Title and Amount of Securities Underlying Derivative Security (Instr. : and 4)			ıt		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	O F D o (!	D. wnership orm: irect (D) r Indirect) (Instr. 4)	11. Nature of Indirect 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 \$1.35 to \$1.50, 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 \$1.38 to \$1.60, inclusive.
- 4. The price reported in column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$1.31 to \$1.42, inclusive.

09/18/2013 /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.