FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPRO	VAL						
	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]										elationship of Reportin ck all applicable) Director			X 10% C	wner
(Last) (First) (Middle) C/O INVIVO THERAPEUTICS HOLDINGS CORP.							3. Date of Earliest Transaction (Month/Day/Year) 07/01/2013										Officer (give title below) CEO, CFO				
ONE KENDALL SQUARE, SUITE B14402 (Street) CAMBRIDGE MA 02139 (City) (State) (Zip)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									i. Indiv ine) X						
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
Date						saction /Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)				Securi Benefi Owner	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	•		ted action(s) 3 and 4)			(Instr. 4)
COMMON STOCK 07/0:						/2013	2013			S ⁽¹⁾		12,000)	D	\$4.	14 ⁽²⁾	13,023,020			D	
COMMON STOCK 07/02/												12,000)	D	\$4.1(3)		13,011,020			D	
COMMON STOCK 07/03/						/2013	2013			S ⁽¹⁾		12,000)	D	\$4.01(4)		12,999,020			D	
COMMON STOCK																	2	23,488		I	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	ı Da	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,	4. Transaction Code (Instr. 8)		of Deriv Secu Acqu (A) o Dispo	r osed) r. 3, 4	6. Date E Expiratio (Month/D	n Date	е	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)			Deri Seci	rice of ivative urity tr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	(((Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code V		(A)	(D)			Expiration Date	Title	or Nui of	ount nber ıres							

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 \$4.10 to \$4.17, 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 \$3.95 to \$4.17, inclusive.
- 4. The price reported in column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$3.96 to \$4.06, inclusive.

07/03/2013 /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.