FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APP	ROVAL						
OMB Number:	3235-0287						
Estimated average burden							
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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 <b>and</b> Ticker or Trading Symbol  INVIVO THERAPEUTICS HOLDINGS  CORP. [ NVIV ]								(Ch	eck all app	olicable) ctor		Owner	
CORP.		APEUTICS HO				3. Date of Earliest Transaction (Month/Day/Year) 06/10/2013									X Offic below	′	Othe belo	r (specify v)
ONE KENDALL SQUARE, SUITE B14402  (Street)  CAMBRIDGE MA 02139				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	e) <mark>X</mark> Forn Forn					
(City)	(St		(Zip)		<u> </u>	_								<u> </u>		•		
1. Title of Security (Instr. 3) 2. Trans			<del></del>		3. Transaction Code (Instr. 8)  3. 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			A) or	5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)						
							Code	v	Amount	() (I	A) or D)	Price	Trans	action(s) 3 and 4)		(11341. 4)		
COMMON STOCK				06/10	0/2013				S <sup>(1)</sup>		4,250		D	\$4.51	<sup>2)</sup> 13,	187,520	D	
COMMON STOCK 06/1				06/11	/2013	2013		S <sup>(1)</sup>		4,250		D	\$4.36	<sup>3)</sup> 13,	183,270	D		
COMMON STOCK 06				06/12	2/2013	/2013			S <sup>(1)</sup>		4,250		D	\$4.14	<sup>4)</sup> 13,	179,020	D	
COMMON STOCK														2	3,488	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)	3A. Deem Execution if any (Month/Da	Date,		ransaction ode (Instr.		of I		6. Date Exercisi Expiration Date (Month/Day/Yea		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		tr. 3	Price of erivative ecurity nstr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
			Code	v	(A)	(D)	Date Exercisa		Expiration Date	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 \$4.20 to \$4.65, 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 \$4.11 to \$4.74, inclusive.
- 4. The price reported in column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$4.06 to \$4.28, inclusive.

/s/ Francis Reynolds 06/12/2013

\*\* 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.