FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	S IN BENEFICIAI	OWNERSHIP

l	OMB APPRO	JVAL
l	OMB Number:	3235-0287
l	Estimated average burd	len
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]											all app		g Per	10% C	wner	
(Last) (First) (Middle) C/O INVIVO THERAPEUTICS HOLDINGS CORP.				3. Date of Earliest Transaction (Month/Day/Year) 07/15/2013										X		Officer (give title Other (specify below) CEO, CFO					
ONE KENDALL SQUARE, SUITE B14402 (Street) CAMBRIDGE MA 02139 (City) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year)										5. Indiv _ine) X	ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person					
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
Date			2. Transa Date (Month/D	Execution Date,		Code (Instr. 5)					Beneficially Owned Following			wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership						
									Code	v	Amount		(A) or (D)	Pric	e		ted action(s) 3 and 4)			(Instr. 4)	
COMMO	N STOCK			07/15/	/2013	2013		S ⁽¹⁾		12,000		D	\$4.	.95 ⁽²⁾ 1		2,915,020		D			
COMMO	N STOCK			07/16/	2013		S ⁽¹⁾		12,000		D	\$5.	12 ⁽³⁾ 12		,903,020		D				
COMMON STOCK 07/17.				2013		S ⁽¹⁾		12,000		D	\$5.	28(4)	12,891,020			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	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,	4. Fransaction Code (Instr. 3)		ı of E		6. Date E Expiratio (Month/D	n Date	•	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)			Deri	vative urity tr. 5)		F D O (I	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	V (A) (E		Date Exercisa		Expiration Date	1		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 \$4.84 to \$5.02, 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 \$4.93 to \$5.31, inclusive.
- 4. The price reported in column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$5.17 to \$5.38, inclusive.

07/17/2013 /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.