FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OIVID AFFROVAL										
l	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

						. ,												
Name and Address of Reporting Person*     The course D.						2. Issuer Name <b>and</b> Ticker or Trading Symbol INVIVO THERAPEUTICS HOLDINGS							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u>Ulich Thomas R</u>						CORP. [ NVIV ]							Director			10% Ow	ner	
(Last) (First) (Middle)				_ [	CORT. [ INVIV ]								X Officer (below)	(give title		Other (specify below)		
` , , , , , , , , , , , , , , , , , , ,					Date of Earliest Transaction (Month/Day/Year)							Chief Scientific Officer						
C/O INVIVO THERAPEUTICS HOLDINGS CORP.					12/10/2014													
ONE KENDALL SQUARE, SUITE B14402																		
					If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) CAMBRIDGE MA 02139												X Form filed by One Reporting Person						
		02139										Form filed by More than One Reporting						
												Person						
(City) (State) (Zip)																		
		Ta	ble I - Non-D	orivati	V0 S0	curitio	e Δc	auirad	Die	nosed c	of or Bo	noficiall	v Owned					
								_	Dis									
1. Title of Security (Instr. 3) 2. Trans					action 2A. Deemed Execution Date,			3. 4. Securities Acquired (A) Transaction Disposed Of (D) (Instr. 3, 4			red (A) or str. 3, 4 and	or 5. Amount of and Securities				7. Nature of Indirect		
				(Month/Day/Year)		if any (Month/Day/Year		Code (Instr. 5)		5)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Beneficia Owned Fo			or Indirect nstr. 4)	Beneficial Ownership	
						(Month/Day/Tear)		''   "		<del>                                     </del>			- Reported	•   '''	(1) (111		(Instr. 4)	
								Code	۱v	Amount	(A) (D)	Price	Transacti (Instr. 3 a	on(s) nd 4)				
Common Stock 12/10						/2014		A		21,42	28 A	(1)	21.	428		D		
Common Stock 12/10/										21,12	20   21		21,	120		Ь		
			Table II - De										Owned					
			(e.	g., puts	s, cal	ls, warr	ants	, optio	ns, c	onverti	ble sec	urities)						
1. Title of	2.	3. Transaction	3A. Deemed	4.			Derivative E		6. Date Exercisable and 7. Title an Expiration Date 7. Title and 1. Ti				8. Price of			10.	11. Nature	
Derivative Security	Conversion or Exercise		Execution Date, if any	Transa Code					n Date ay/Yea		of Securities Underlying		Derivative Security	derivative Securities		Ownership Form:	Beneficial	
(Instr. 3)	Price of Derivative		(Month/Day/Year)	r) 8) `		Acquired (A) or Disposed		Derivativ			Derivative (Instr. 3 a	Security	(Instr. 5)	Beneficia Owned		Direct (D) or Indirect	Ownership (Instr. 4)	
	Security					of (D) (Instr. 3, 4 and 5)					(IIISti. 5 a	iiu 4)		Following		(I) (Instr. 4)		
													-	Reported Transaction(s				
					v	(A)				Expiration Date		Amount		(Instr. 4)				
				Code				Date Exercisab				Number of Shares						
G. 1		-	<u> </u>	Code	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(A)	(0)	LXercisa	DIE L	ale	Title	oi Silares		<u> </u>				
Stock Option	01.05	12/10/2014		1.		225 000		(2)	- [,	2/10/2024	Common	225 000		225.00	00			
(Right To	\$1.05	12/10/2014		A		325,000		(2)	- [ '	2/10/2024	Stock	325,000	\$0	325,00	UU	D		

## Explanation of Responses:

- 1. Represents shares of common stock received as a component of an incentive bonus payment.
- 2. The option is exercisable as to 25% of the shares on the first anniversary of the date of grant, and the remaining shares vest thereafter on a monthly basis in 36 equal monthly installments.

/s/ Elizabeth W. Fraser, Attorney-in-Fact

12/11/2014

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.