FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPRO	DVAL					
OMB Number:	3235-0287					
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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 ]									5. Relationship of Reporting Person (Check all applicable)  Director X				X 10% C	wner	
(Last) (First) (Middle) 81 LAKE SHORE RD.						3. Date of Earliest Transaction (Month/Day/Year) 01/23/2014									Officer (give title below)				Other below)	(specify	
Street) SALEM NH 03079  (City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year)									3. Indi\ Line) X	· '					
		Tabl	e I - Noi	n-Deriv	ative	Se	curitie	s Ac	quired,	Dis	posed o	f, o	r Ben	efici	ally	Owne	ed				
				2. Transaction Date (Month/Day/Year)		ar)   E	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (	Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			4 and 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	Report Transa (Instr.	action(s) 3 and 4)			(Instr. 4)	
Common Stock				01/23	01/23/2014				S <sup>(1)</sup>		12,50	0	D	\$2.23		10,064,420		D			
Common Stock				01/24	1/24/2014				<b>S</b> <sup>(2)</sup>		12,50	0	D	\$2	.26	10,051,920		D			
Common Stock																23,488			I	401K Plan	
		Та									sed of, onvertib					wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	Date,	4. Transa Code ( 8)		of Deriv Secu Acqu (A) o Disp	r osed ) r. 3, 4	6. Date Exerc Expiration Da (Month/Day/Y		е	Amount of Securities Underlying Derivative Security (Instr. and 4)		ount mber	nt er		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	F I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

## **Explanation of Responses:**

- 1. All sales between \$2.20 \$2.29.
- 2. All sales between \$2.24 \$2.30.

## Remarks:

All Sold under 105B-1 Sales plan.

/s/ Francis Reynolds

01/27/2014

\*\* 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.