FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington D.C. 20549

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STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL

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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).

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* LANGER ROBERT				IN	2. Issuer Name and Ticker or Trading Symbol INVIVO THERAPEUTICS HOLDINGS CORP. [NVIV]							all app Dired		g Pers	10% C	Owner				
(Last) (First) (Middle) 98 MONTVALE ROAD				3. Date of Earliest Transaction (Month/Day/Year) 05/07/2013									Offic below	er (give title w)	Other (s below)		(specify			
(Street) NEWTO (City))2459 Zip)		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indiv Line) X	Forn Forn	dual 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																				
1. Title of Security (Instr. 3) 2. Transactic Date (Month/Day/					Execution Date,		Transaction Disposed O Code (Instr.		s Acquired (A) or of (D) (Instr. 3, 4 ar		nd 5) Secur Bene Owne		icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)				
								Code	v	Amount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)				(111501.4)		
COMMON STOCK 05/07/20					2013	13		S ⁽¹⁾		2,500	D	\$2.9	352 ⁽²⁾	7,4	481,378		D			
COMMON STOCK 05/08/20					2013)13		S ⁽¹⁾		2,500	D	\$2.8	58 ⁽³⁾	7,4	478,878		D			
COMMON STOCK 05/09/20				2013)13		S ⁽¹⁾		2,500	D	\$2.9	9352(4)		7,476,378		D				
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)	Executi if any			ction Instr.			6. Date Exerc Expiration Da (Month/Day/Y		ate	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		Deri Seci (Inst	vative irity r. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4)	Ov Fo Di or (I)	vnership orm: rect (D) Indirect (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Title	or Number of Shares							

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 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$2.91 to \$3.00, 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, 3 and 4.
- 3. The price reported is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$2.85 to \$2.87, inclusive.
- 4. The price reported is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$2.89 to \$2.97, inclusive.

/S/ ELIZABETH FRASER, ATTORNEY-IN-FACT

05/09/2013

** 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.