FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

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

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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																5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
					CC	CORP. [NVIV]									X	Direc		X	_			
(Last)	(Fii	rst) (Middle)												X	Offic belov	er (give title v)		Other below)	(specify		
C/O INVIVO THERAPEUTICS HOLDINGS CORP.						3. Date of Earliest Transaction (Month/Day/Year) 06/13/2013									CEO, CFO							
ONE KENDALL SQUARE, SUITE B14402					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable							
(Street)															Line)							
CAMBRIDGE MA 02139														X Form filed by One Reporting Person Form filed by More than One Reporting Person								
(City)	(St	ate) (Zip)													1 010						
		Tabl	e I - Nor	n-Deriv	ative	Se	curitie	s Acc	quired,	Dis	posed o	f, o	r Ben	efici	ally	Owne	ed					
1. Title of Security (Instr. 3) 2. Transa Date (Month/D			action Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)				4 and Securi Benefi Owner		cially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
								Code	v	Amount		(A) or (D)	Price			ted action(s) 3 and 4)			(Instr. 4)			
COMMON STOCK 06/13				06/13	/2013				S ⁽¹⁾		12,000)	D	\$3.7	3.79 ⁽²⁾		3,167,020		D			
COMMO	OMMON STOCK 06/14/2				/2013	2013		S ⁽¹⁾		12,000)	D	\$3.8	3.88 ⁽³⁾		3,155,020		D				
COMMON STOCK													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 (Month/Day/Year) 3. Transaction Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year)				Date,	4. Transaction Code (Instr. 8)		n of Deriv Secu Acqu (A) o Dispo of (D (Insti	of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)				9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y Di or (I)	0. Dwnership orm: birect (D) r Indirect) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
			Code	v					Expiration Date Titl		Nu of	mber ares										

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 \$3.76 to \$4.07, 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 \$3.76 to \$4.05, inclusive.

/s/ Francis Revnolds 06/14/2013

** 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.