FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	OMB APPROVAL
- 1	

OMB Number: 3235-0287 Estimated average burden 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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* PEDRA CHRISTI					2. Issuer Name and Ticker or Trading Symbol INVIVO THERAPEUTICS HOLDINGS CORP. [NVIV]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
PEDRA CHRISTI												X Directo	r	:	10% Ow	ner	
(Last) (First) (Middle)					COM. [IVIV]							Officer below)	(give title		Other (spelow)	pecify	
C/O INVIVO THERAPEUTICS HOLDINGS CORP.					3. Date of Earliest Transaction (Month/Day/Year)												
					12/10/2010												
ONE BROADWAY, 14TH FLOOR					4. If Amandment, Data of Original Filed (Manth/Day/Mass)							6. Individual or Joint/Group Filing (Check Applicable					
					4. If Amendment, Date of Original Filed (Month/Day/Year)							Line)					
(Street)			00440									X Form fi	led by One	Reporting	Person		
CAMBR	IDGE N	ΛA	02142									Form fi	led by More	than One	e Report	ing	
-				-								Person	1		•	.	
(City)	(State)	(Zip)														
		Tal	ole I - Non-De	rivativ	re Se	curitie	s Ad	cquired, Di	sposed o	f, or Ber	neficiall	v Owned					
1 Title of 9		ansactio	_	2A. Deem		3. 4. Securities Acquired (A)				5. Amoui		6. Owners	hip 7	. Nature of			
Date					- 1	Execution Date if any (Month/Day/Yea		e, Transaction Disposed Of (D) (Ins Code (Instr. 5)			f (D) (Instr. 3, 4 and		Securities		ect Ir	ndirect Beneficial	
(Constant											Owned F	Owned Following (I) (I Reported			Ownership Instr. 4)		
					Code V			Amount	(A) or	Price	Transact	on(s)		- '	,1115(1.4)		
										(D)	1	(Instr. 3 a	and 4)				
			Table II - Deri									Owned					
			(e.g.	, puts	, call	s, warr	ants	s, options,	convertib	ole secu	rities)						
1. Title of	2.	3. Transaction	3A. Deemed	4.		5. Number		6. Date Exercisable and		7. Title and Amour		8. Price of	9. Number	of 10.		11. Nature	
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution Date, if any		action of (Instr. Derivative		Expiration Date of Securitie (Month/Day/Year) Underlying				Derivative Security	derivative Securities		Ownership Form:	of Indirect Beneficial		
(Instr. 3)	Price of		(Month/Day/Year)		(IIISII.	Securities		(MOHUI)Day/10	Derivative	Derivative Security		Beneficiall	y Dire	Direct (D)	Ownership		
Derivative Security					Acquired (A) or		(Instr. 3 and 4)			nd 4)		Owned Following		or Indirect (I) (Instr. 4)	(Instr. 4)		
					Disposed								Reported Transactio	'''	,		
					of (D) (Instr. 3, 4 and 5)								(Instr. 4)	n(s)			
					1						Amount	1					
											or Number						
				 .	<u>,</u> ,			Date	Expiration	 	of						
				Code	V	(A)	(D)	Exercisable	Date	Title	Shares						
Stock Option										Common							
(right to buy)	\$2.26	12/10/2010		A		50,000		01/10/2011 ⁽¹⁾	12/10/2020	Stock	50,000	\$0	50,000		D		

Explanation of Responses:

1. Option vests in 12 equal monthly installments on each monthly anniversary of the grant date until fully vested on the first anniversary of the grant date. Option not exercisable until the Company's 2010 Equity Incentive Plan is approved by the Company's stockholders and a registration statement on Form S-8 to register shares underlying such option is filed with the Securities and Exchange Commission.

/s/ Christi Pedra

12/14/2010

** 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.