## FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									

0.5

hours per response:

	tion 1(b).	iue. See		File							ies Exchan			934			nours	per response:	0.5
1. Name and Address of Reporting Person*  MERRIFIELD C ANN				or Section 30(h) of the Investment Company Act of 1940  2. Issuer Name and Ticker or Trading Symbol  INVIVO THERAPEUTICS HOLDINGS  CORP. [ NVIV ]									Check a	II appli Directo	icable)		o Issuer 6 Owner er (specify		
(Last)	(Last) (First) (Middle)				2 Dat											below)		bel	
C/O INVIVO THERAPEUTICS HOLDINGS CORP.					3. Date of Earliest Transaction (Month/Day/Year) 08/12/2015														
ONE KENDALL SQUARE, SUITE B14402				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicab Line)					
(Street)  CAMBRIDGE MA 02139															X		filed by One Reporting Persor filed by More than One Repor on		
(City)	(S	tate) (	Zip)																
		Tabl	e I - No	n-Deriv	ative S	Secur	ities A	cqu	uired,	Dis	posed o	f, or	Ber	neficia	ally O	wne	d		
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da			Execution Date,		e,   ·	Transaction Disposed Code (Instr.			ties Acquired (A) o I Of (D) (Instr. 3, 4			4 and 5)   Se Be Ov		unt of ies ially Following	6. Ownershi Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership			
					-	Code	v	Amount	(A (E	() or ()	Price	т	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)			
COMMON STOCK 08/12/				2015	P 2,000 A S		\$12.	.359 2,000		,000	D								
		Та									osed of, onvertib				y Owi	ned			
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/D	n Date,	4. Transact Code (In: 8)			e (M	. Date E expiration Month/D		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)			8. Pric Deriva Securi (Instr.	tive (ty (5))	9. Number of derivative Securities Beneficially Owned Following Reported Transaction( (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ct (Instr. 4)	
													Ar	nount		- 1			

Date Exercisable

Expiration Date

**Explanation of Responses:** 

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

Number

of Shares

Title

08/14/2015

\*\* 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.

(A) (D)