FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPRO	OVAL						
	OMB Number:	3235-0287						
	Estimated average burden							
l	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(h)

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]									S. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner Office of the other Consolidation.						
(Last) (First) (Middle) 81 LAKE SHORE RD.						3. Date of Earliest Transaction (Month/Day/Year) 01/29/2014										Officer (give title Other (specify below) below)					
(Street) SALEM NH 03079 (City) (State) (Zip)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)										5. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tabl	e I - No	n-Deri\	/ative	Sec	uritie	s Ac	quired,	Dis	posed o	f, o	r Ben	efic	ially	Owne	ed				
1. Title of Security (Instr. 3) 2. Transa Date (Month/L						Execution Date			3. Transa Code (8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)					5. Amo Securi Benefi Owned Report	ties cially I 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)	Pric	e	Transa	ction(s) and 4)			(11150.4)		
Common	7/2014	2014		S ⁽¹⁾		12,500		D	\$2	2.25	100	,048,920		D							
Common Stock 01/28/						2014		S ⁽²⁾		12,500		D	\$2	\$2.21		10,036,420		D			
Common Stock																2	3,488		I	401K Plan	
Common Stock 01/29/							2014		S ⁽³⁾		12,500 D		\$2	2.19	10,023,920			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)	rivative Conversion curity or Exercise (Month/Day/Year) Frice of Derivative Security Conversion or Exercise (Month/Day/Year) Execution Date, if any (Mo			4. Transa Code (8)		5. Nu of Deriv Secu Acqu (A) o Dispo of (D (Instr and §	Expiratio (Month/D	5. Date Exercisable Expiration Date (Month/Day/Year) Date Exercisable Expir			Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of		Der Sec (Ins	rice of ivative urity tr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	0 F D (I	0. Ownership orm: Direct (D) or Indirect) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			

Explanation of Responses:

- 1. All sales between \$2.21 \$2.35.
- 2. All sales between \$2.17 \$2.31.
- 3. All sales between \$2.15 \$2.29.

Remarks:

All Sold under 105B-1 Sales plan.

/s/ Francis Reynolds

01/29/2014

** 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.