#### Edgar Filing: INVIVO THERAPEUTICS HOLDINGS CORP. - Form 4

#### INVIVO THERAPEUTICS HOLDINGS CORP.

Form 4

December 11, 2014

#### UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB 3235-0287 Washington, D.C. 20549 Number: Check this box January 31, Expires: if no longer 2005 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF subject to Estimated average **SECURITIES** Section 16. burden hours per Form 4 or response... 0.5 Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction 1(b). (Print or Type Responses) 1. Name and Address of Reporting Person \* 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading Ulich Thomas R Issuer Symbol INVIVO THERAPEUTICS (Check all applicable) HOLDINGS CORP. [NVIV] (Last) (First) (Middle) 3. Date of Earliest Transaction Director 10% Owner X\_ Officer (give title Other (specify (Month/Day/Year) below) C/O INVIVO THERAPEUTICS 12/10/2014 Chief Scientific Officer **HOLDINGS CORP., ONE** KENDALL SQUARE, SUITE B14402

#### CAMBRIDGE, MA 02139

(Street)

(City)	(State) (Z	Zip) Table	e I - Non-De	erivative Securities Acq	quired, Disposed o	of, or Beneficial	ly Owned
1.Title of	2. Transaction Date	2A. Deemed	3.	4. Securities Acquired	5. Amount of	6. Ownership	7. Nature of
Security	(Month/Day/Year)	Execution Date, if	Transactio	on(A) or Disposed of	Securities	Form: Direct	Indirect
(Instr. 3)		any	Code	(D)	Beneficially	(D) or	Beneficial
		(Month/Day/Year)	(Instr. 8)	(Instr. 3, 4 and 5)	Owned	Indirect (I)	Ownership
					Following	(Instr. 4)	(Instr. 4)
					Reported		

4. If Amendment, Date Original

Filed(Month/Day/Year)

(A) Transaction(s)
or (Instr. 3 and 4)

Common Stock 12/10/2014 A 21,428 A (1) 21,428 D

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

SEC 1474

(9-02)

6. Individual or Joint/Group Filing(Check

\_X\_ Form filed by One Reporting Person \_\_\_\_ Form filed by More than One Reporting

Applicable Line)

**OMB APPROVAL** 

### Edgar Filing: INVIVO THERAPEUTICS HOLDINGS CORP. - Form 4

# 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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. Number of or Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (Right To Buy)	\$ 1.05	12/10/2014		A	325,000	(2)	12/10/2024	Common Stock	325,000

## **Reporting Owners**

Reporting Owner Name / Address

Director 10% Owner Officer Other

Ulich Thomas R C/O INVIVO THERAPEUTICS HOLDINGS CORP. ONE KENDALL SQUARE, SUITE B14402 CAMBRIDGE, MA 02139

Chief Scientific Officer

Relationships

### **Signatures**

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

\*\*Signature of Reporting Person Date

### **Explanation of Responses:**

- \* 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).
- (1) Represents shares of common stock received as a component of an incentive bonus payment.
- (2) The option is exercisable as to 25% of the shares on the first anniversary of the date of grant, and the remaining shares vest thereafter on a monthly basis in 36 equal monthly installments.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

Reporting Owners 2