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REYNOLDS Form 4	FRANCIS										
April 11, 201 FORM	1	D STATES					GE COM	IMISSION	OMB AP OMB		
Check thi	s hox		Was	hington,	D.C. 2054	19			Number:	3235-0287	
if no long subject to Section 10 Form 4 or	er STAT 6.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES								January 31, 2005 verage s per 0.5	
Form 5 obligation may conti <i>See</i> Instru 1(b).	^{is} Section			lity Hold	ing Comp	any A	Act of 193	et of 1934, 35 or Section			
(Print or Type R	lesponses)										
REYNOLDS FRANCIS Symbol			Symbol					Relationship of Reporting Person(s) to uer			
			NGS CORP. [NVIV]				(Check all applicable)				
(Last) (First) (Middle) 3. Date of (Month/Da							Director Officer (give t	itle $X_10\%$ below)	Owner (specify		
HOLDINGS	O THERAPE CORP., ONI Y, 14TH FLO	Ξ	04/10/20	012			beit	· · ·	EO, CFO		
	(Street) GE, MA 0214			ndment, Dat h/Day/Year)	-		App _X_	ndividual or Join licable Line) . Form filed by Or Form filed by Mo	ne Reporting Pers	son	
(City)	(State)	(Zip)					Pers				
							-	d, Disposed of,			
1.Title of Security (Instr. 3)	2. Transaction (Month/Day/Y	ear) Executi any		3. Transactio Code (Instr. 8)	4. Securitie pror Disposed (Instr. 3, 4)	d of (Ē and 5) (A)))	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
COMMON STOCK, \$0.00001 PAR VALUE	04/10/2012			S	165,000	D	\$ 2.293 (1)	14,482,660	D		
COMMON STOCK, \$0.00001 PAR VALUE	04/11/2012			S	105,000	D	\$ 2.2145 (2)	14,377,660	D		

COMMON			
STOCK,			By
\$0.00001	13,603	Ι	401(k)
PAR			Plan
VALUE			

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.

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. Transactic Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	int of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
REYNOLDS FRANCIS C/O INVIVO THERAPEUTICS HOLDINGS CORP. ONE BROADWAY, 14TH FLOOR CAMBRIDGE, MA 02142	Х	Х	CEO, CFO			
Signatures						
/S/ ELIZABETH FRASER, AS ATTORNEY IN FACT	04	/11/2012				
**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)

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The price reported in column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$2.24 to \$2.36, 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 1 and 2.

(2) The price reported in column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$2.20 to \$2.28, inclusive.

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.