#### **REYNOLDS FRANCIS**

Form 4

February 13, 2013

## FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

**OMB** 

Check this box if no longer subject to

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

3235-0287 Number: January 31, Expires:

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**OMB APPROVAL** 

Section 16. Form 4 or Form 5 obligations may continue.

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

burden hours per response...

Estimated average

See Instruction 1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \* **REYNOLDS FRANCIS** 

2. Issuer Name and Ticker or Trading

5. Relationship of Reporting Person(s) to Issuer

Symbol

02/11/2013

**INVIVO THERAPEUTICS HOLDINGS CORP. [NVIV]** 

(Check all applicable)

(Last)

(First) (Middle)

(Zip)

3. Date of Earliest Transaction (Month/Day/Year)

\_X\_\_ 10% Owner \_X\_\_ Director X\_\_ Officer (give title \_ Other (specify

CEO, CFO

C/O INVIVO THERAPEUTICS **HOLDINGS CORP., ONE** KENDALL SQUARE, SUITE

(Street)

(State)

B14402

(City)

4. If Amendment, Date Original

6. Individual or Joint/Group Filing(Check Applicable Line)

Filed(Month/Day/Year)

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

below)

CAMBRIDGE, MA 02139

(City)	(State) (Z	ip) Table	I - Non-	De	rivative Sec	urities	Acquir	ed, Disposed of,	or Beneficiall	y Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr. 8)		4. Securitie on(A) or Disp (Instr. 3, 4	osed of (D) and 5)  (A) or		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
COMMON STOCK	02/11/2013		Code $S_{\underline{(1)}}$	V	Amount 3,250	(D)	Price \$ 1.98	14,190,560	D	
COMMON STOCK	02/11/2013		S <u>(1)</u>		1,000	D	\$ 1.99	14,189,560	D	
COMMON STOCK	02/11/2013		G	V	404,000	D	\$0	13,785,560	D	
COMMON STOCK	02/12/2013		S <u>(1)</u>		4,250	D	\$ 1.94	13,781,310	D	

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COMMON STOCK 02/13/2013 S(1) 4,250 D \$ 13,777,060 D COMMON STOCK 13,603 I By 401(k) Plan

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)

9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr

# 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. Transa Code (Instr.	etion	5. nNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amor Unde Secur	rlying	8. Price of Derivative Security (Instr. 5)
				Code	V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	

## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
<b>FS</b>	Director	10% Owner	Officer	Other		
REYNOLDS FRANCIS						
C/O INVIVO THERAPEUTICS HOLDINGS CORP.	X	X	CEO, CFO			
ONE KENDALL SQUARE, SUITE B14402			020, 010			
CAMBRIDGE, MA 02139						

## **Signatures**

/S/ ELIZABETH FRASER, AS ATTORNEY IN FACT 02/13/2013

\*\*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) The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on December 4, 2012.

Reporting Owners 2

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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.