

INVIVO THERAPEUTICS HOLDINGS CORP.  
 Form 4  
 January 02, 2014

**FORM 4**

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

OMB APPROVAL

OMB Number: 3235-0287  
 Expires: January 31, 2005  
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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

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

(Print or Type Responses)

1. Name and Address of Reporting Person \*  
**PERRY GREGORY D**

2. Issuer Name and Ticker or Trading Symbol  
**INVIVO THERAPEUTICS HOLDINGS CORP. [NVIV]**

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

(Last) (First) (Middle)

3. Date of Earliest Transaction (Month/Day/Year)  
**12/30/2013**

\_\_\_ Director \_\_\_ 10% Owner  
 Officer (give title below) \_\_\_ Other (specify below)  
 Interim CFO

**C/O INVIVO THERAPEUTICS HOLDINGS CORP, ONE KENDALL SQUARE, SUITE B14402**

(Street)

4. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)  
 Form filed by One Reporting Person  
 \_\_\_ Form filed by More than One Reporting Person

**CAMBRIDGE, MA 02139**

(City) (State) (Zip)

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	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 Ownership (Instr. 4)
			Code	V	Amount	(D)	Price
COMMON STOCK	12/30/2013		A		22,374	A	\$ 0
					22,374	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)

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**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. Transaction Code (Instr. 8)	5. Number of 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)	8. Price of Derivative Security (Instr. 5)	9. Nature of Derivative Security (Instr. 5)																
<table border="1"> <thead> <tr> <th data-bbox="777 703 858 726">Code</th> <th data-bbox="880 703 909 726">V</th> <th data-bbox="932 703 960 726">(A)</th> <th data-bbox="983 703 1011 726">(D)</th> <th data-bbox="987 632 1106 680">Date Exercisable</th> <th data-bbox="1123 632 1233 680">Expiration Date</th> <th data-bbox="1244 632 1294 663">Title</th> <th data-bbox="1310 590 1393 726">Amount or Number of Shares</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Interim CFO</td> <td></td> </tr> </tbody> </table>										Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares							Interim CFO	
Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares																		
						Interim CFO																			

**Reporting Owners**

**Reporting Owner Name / Address**

**Relationships**

Director    10% Owner    Officer    Other

PERRY GREGORY D  
C/O INVIVO THERAPEUTICS HOLDINGS CORP  
ONE KENDALL SQUARE, SUITE B14402  
CAMBRIDGE, MA 02139

Interim CFO

**Signatures**

/S/ ELIZABETH FRASER, AS ATTORNEY IN FACT

01/02/2014

\*\*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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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