

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF DELAWARE

In Re. INVIVO THERAPEUTICS CORPORATION

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Debtor(s)

Case No. 24-10137

Lead Case No. 24-10137

☒ Jointly Administered

**Monthly Operating Report**

Chapter 11

Reporting Period Ended: 05/31/2024

Petition Date: 02/01/2024

Months Pending: 4

Industry Classification: 

5	4	1	7
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Reporting Method:

Accrual Basis ☒

Cash Basis ☐

Debtor's Full-Time Employees (current):

3

Debtor's Full-Time Employees (as of date of order for relief):

3

**Supporting Documentation** (check all that are attached):

(For jointly administered debtors, any required schedules must be provided on a non-consolidated basis for each debtor)

- ☒ Statement of cash receipts and disbursements
- ☒ Balance sheet containing the summary and detail of the assets, liabilities and equity (net worth) or deficit
- ☒ Statement of operations (profit or loss statement)
- ☐ Accounts receivable aging
- ☐ Postpetition liabilities aging
- ☐ Statement of capital assets
- ☐ Schedule of payments to professionals
- ☐ Schedule of payments to insiders
- ☒ All bank statements and bank reconciliations for the reporting period
- ☐ Description of the assets sold or transferred and the terms of the sale or transfer

/s/ Joshua B. Brooks

Signature of Responsible Party

06/25/2024

Date

Landis Rath & Cobb LLP

Printed Name of Responsible Party

919 N. Market St., Ste. 1800, Wilmington, DE 19801

Address

STATEMENT: This Periodic Report is associated with an open bankruptcy case; therefore § 1320.4(a)(2) applies.



24101372406250000000000001

Debtor's Name INVIVO THERAPEUTICS CORPORATION

Case No. 24-10137

Part 1: Cash Receipts and Disbursements	Current Month	Cumulative
a. Cash balance beginning of month	\$4,400,803	
b. Total receipts (net of transfers between accounts)	\$18,373	\$84,566
c. Total disbursements (net of transfers between accounts)	\$446,181	\$1,462,728
d. Cash balance end of month (a+b-c)	\$3,972,995	
e. Disbursements made by third party for the benefit of the estate	\$0	\$0
f. Total disbursements for quarterly fee calculation (c+e)	\$446,181	\$1,462,728

Part 2: Asset and Liability Status (Not generally applicable to Individual Debtors. See Instructions.)	Current Month
a. Accounts receivable (total net of allowance)	\$0
b. Accounts receivable over 90 days outstanding (net of allowance)	\$0
c. Inventory (Book <input checked="" type="radio"/> Market <input type="radio"/> Other <input type="radio"/> (attach explanation))	\$0
d. Total current assets	\$5,124,889
e. Total assets	\$5,180,457
f. Postpetition payables (excluding taxes)	\$473,460
g. Postpetition payables past due (excluding taxes)	\$0
h. Postpetition taxes payable	\$0
i. Postpetition taxes past due	\$0
j. Total postpetition debt (f+h)	\$473,460
k. Prepetition secured debt	\$0
l. Prepetition priority debt	\$0
m. Prepetition unsecured debt	\$171,926
n. Total liabilities (debt) (j+k+l+m)	\$645,385
o. Ending equity/net worth (e-n)	\$4,535,072

Part 3: Assets Sold or Transferred	Current Month	Cumulative
a. Total cash sales price for assets sold/transferred outside the ordinary course of business	\$0	\$0
b. Total payments to third parties incident to assets being sold/transferred outside the ordinary course of business	\$0	\$0
c. Net cash proceeds from assets sold/transferred outside the ordinary course of business (a-b)	\$0	\$0

Part 4: Income Statement (Statement of Operations) (Not generally applicable to Individual Debtors. See Instructions.)	Current Month	Cumulative
a. Gross income/sales (net of returns and allowances)	\$0	
b. Cost of goods sold (inclusive of depreciation, if applicable)	\$0	
c. Gross profit (a-b)	\$0	
d. Selling expenses	\$0	
e. General and administrative expenses	\$483,959	
f. Other expenses	\$105,830	
g. Depreciation and/or amortization (not included in 4b)	\$416	
h. Interest	\$18,373	
i. Taxes (local, state, and federal)	\$0	
j. Reorganization items	\$0	
k. Profit (loss)	\$-571,833	\$-2,297,637

Debtor's Name INVIVO THERAPEUTICS CORPORATION

Case No. 24-10137

**Part 5: Professional Fees and Expenses**

a.			Approved Current Month	Approved Cumulative	Paid Current Month	Paid Cumulative
	Debtor's professional fees & expenses (bankruptcy) <i>Aggregate Total</i>		\$112,191	\$467,988	\$147,621	\$463,889
	<i>Itemized Breakdown by Firm</i>					
	Firm Name	Role				
i	Landis Rath & Cobb LLP	Lead Counsel	\$40,910	\$157,121	\$40,910	\$157,121
ii	Wilmer Cutler Pickering Hale and	Special Counsel	\$19,519	\$86,147	\$37,104	\$86,147
iii	Sonoran Capital Advisors, LLC	Financial Professional	\$4,099	\$17,039	\$4,512	\$12,940
iv	SSG Advisors, LLC	Other	\$0	\$25,000	\$0	\$25,000
v	Kurtzman Carson Consultants L	Other	\$47,663	\$182,681	\$65,095	\$182,681
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Debtor's Name INVIVO THERAPEUTICS CORPORATION

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b.			Approved Current Month	Approved Cumulative	Paid Current Month	Paid Cumulative
	Debtor's professional fees & expenses (nonbankruptcy) <i>Aggregate Total</i>		\$0	\$25,000	\$0	\$25,000
	<i>Itemized Breakdown by Firm</i>					
	Firm Name	Role				
i	WilliamsMarston LLC	Other	\$0	\$25,000	\$0	\$25,000
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c.	All professional fees and expenses (debtor & committees)			\$112,191	\$492,988	\$147,621	\$488,889

**Part 6: Postpetition Taxes****Current Month****Cumulative**

a.	Postpetition income taxes accrued (local, state, and federal)	\$0	\$0
b.	Postpetition income taxes paid (local, state, and federal)	\$0	\$0
c.	Postpetition employer payroll taxes accrued	\$0	\$0
d.	Postpetition employer payroll taxes paid	\$3,807	\$25,926
e.	Postpetition property taxes paid	\$0	\$1,149
f.	Postpetition other taxes accrued (local, state, and federal)	\$0	\$0
g.	Postpetition other taxes paid (local, state, and federal)	\$0	\$1,489

**Part 7: Questionnaire - During this reporting period:**

- a. Were any payments made on prepetition debt? (if yes, see Instructions) Yes ☐ No ☒
- b. Were any payments made outside the ordinary course of business without court approval? (if yes, see Instructions) Yes ☐ No ☒
- c. Were any payments made to or on behalf of insiders? Yes ☐ No ☒
- d. Are you current on postpetition tax return filings? Yes ☒ No ☐
- e. Are you current on postpetition estimated tax payments? Yes ☒ No ☐
- f. Were all trust fund taxes remitted on a current basis? Yes ☒ No ☐
- g. Was there any postpetition borrowing, other than trade credit? (if yes, see Instructions) Yes ☐ No ☒
- h. Were all payments made to or on behalf of professionals approved by the court? Yes ☐ No ☐ N/A ☒
- i. Do you have:
- Worker's compensation insurance? Yes ☒ No ☐
- If yes, are your premiums current? Yes ☒ No ☐ N/A ☐ (if no, see Instructions)
- Casualty/property insurance? Yes ☒ No ☐
- If yes, are your premiums current? Yes ☒ No ☐ N/A ☐ (if no, see Instructions)
- General liability insurance? Yes ☒ No ☐
- If yes, are your premiums current? Yes ☒ No ☐ N/A ☐ (if no, see Instructions)
- j. Has a plan of reorganization been filed with the court? Yes ☒ No ☐
- k. Has a disclosure statement been filed with the court? Yes ☒ No ☐
- l. Are you current with quarterly U.S. Trustee fees as set forth under 28 U.S.C. § 1930? Yes ☒ No ☐



Debtor's Name INVIVO THERAPEUTICS CORPORATION

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**Part 8: Individual Chapter 11 Debtors (Only)**

- |  |       |     |
|--|-------|-----|
| a. Gross income (receipts) from salary and wages                     | _____ | \$0 |
| b. Gross income (receipts) from self-employment                      | _____ | \$0 |
| c. Gross income from all other sources                               | _____ | \$0 |
| d. Total income in the reporting period (a+b+c)                      | _____ | \$0 |
| e. Payroll deductions  | _____ | \$0 |
| f. Self-employment related expenses                                  | _____ | \$0 |
| g. Living expenses   | _____ | \$0 |
| h. All other expenses  | _____ | \$0 |
| i. Total expenses in the reporting period (e+f+g+h)                  | _____ | \$0 |
| j. Difference between total income and total expenses (d-i)          | _____ | \$0 |
| k. List the total amount of all postpetition debts that are past due | _____ | \$0 |
- l. Are you required to pay any Domestic Support Obligations as defined by 11 U.S.C § 101(14A)? Yes ☐ No ☒
- m. If yes, have you made all Domestic Support Obligation payments? Yes ☐ No ☐ N/A ☒

**Privacy Act Statement**

28 U.S.C. § 589b authorizes the collection of this information, and provision of this information is mandatory under 11 U.S.C. §§ 704, 1106, and 1107. The United States Trustee will use this information to calculate statutory fee assessments under 28 U.S.C. § 1930(a)(6). The United States Trustee will also use this information to evaluate a chapter 11 debtor's progress through the bankruptcy system, including the likelihood of a plan of reorganization being confirmed and whether the case is being prosecuted in good faith. This information may be disclosed to a bankruptcy trustee or examiner when the information is needed to perform the trustee's or examiner's duties or to the appropriate federal, state, local, regulatory, tribal, or foreign law enforcement agency when the information indicates a violation or potential violation of law. Other disclosures may be made for routine purposes. For a discussion of the types of routine disclosures that may be made, you may consult the Executive Office for United States Trustee's systems of records notice, UST-001, "Bankruptcy Case Files and Associated Records." See 71 Fed. Reg. 59,818 et seq. (Oct. 11, 2006). A copy of the notice may be obtained at the following link: [http://www.justice.gov/ust/eo/rules\\_regulations/index.htm](http://www.justice.gov/ust/eo/rules_regulations/index.htm). Failure to provide this information could result in the dismissal or conversion of your bankruptcy case or other action by the United States Trustee. 11 U.S.C. § 1112(b)(4)(F).

**I declare under penalty of perjury that the foregoing Monthly Operating Report and its supporting documentation are true and correct and that I have been authorized to sign this report on behalf of the estate.**

/s/ Richard Christopher

Signature of Responsible Party

Chief Financial Officer

Title

InVivo Therapeutics Corporation

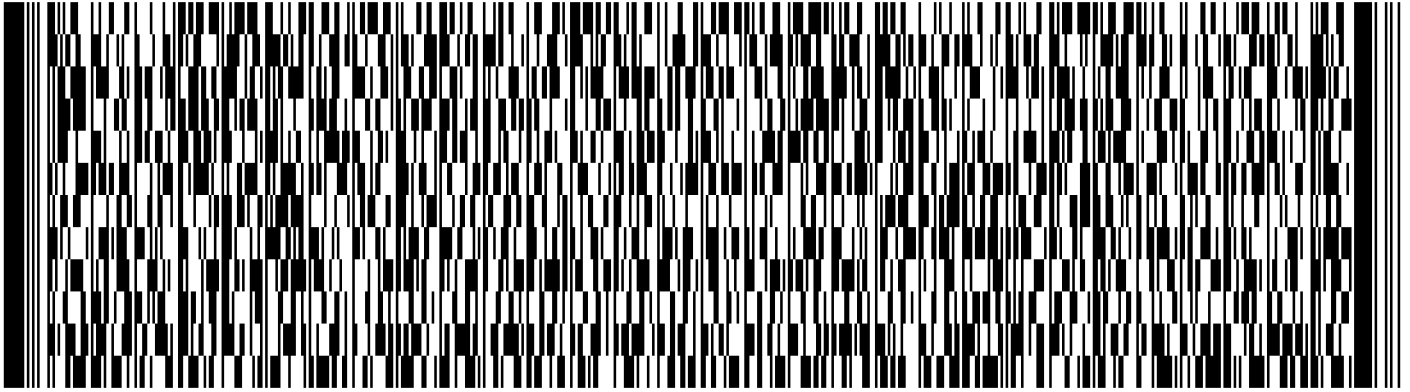
Printed Name of Responsible Party

06/25/2024

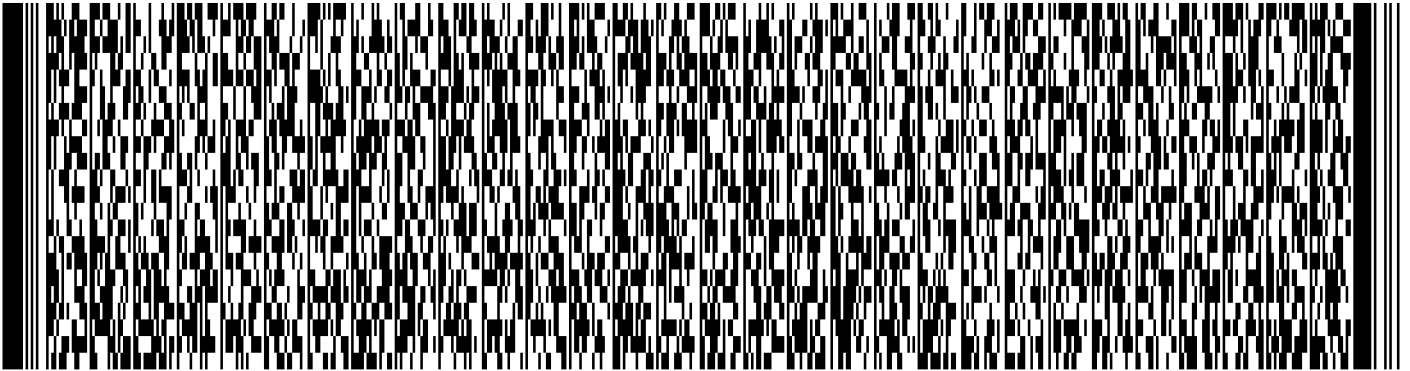
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Debtor's Name INVIVO THERAPEUTICS CORPORATION

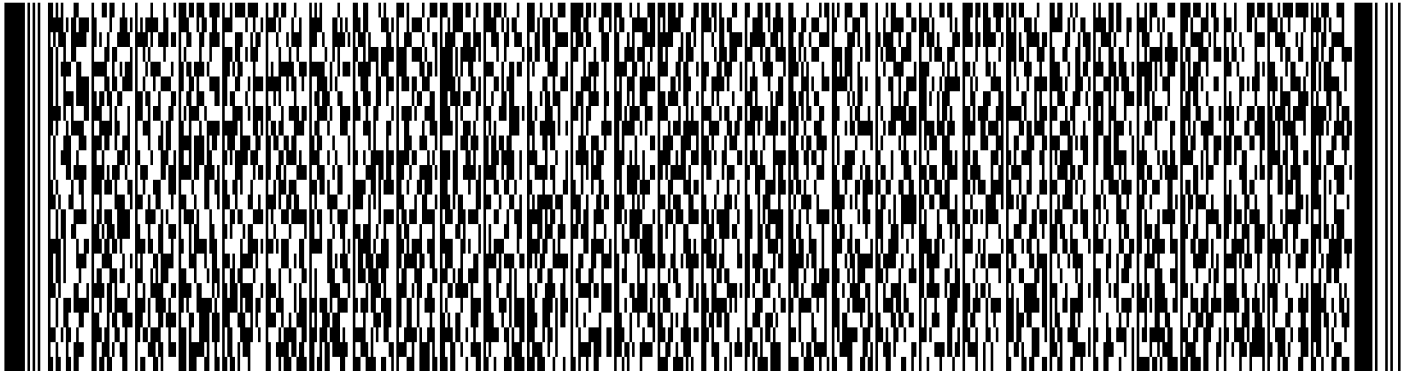
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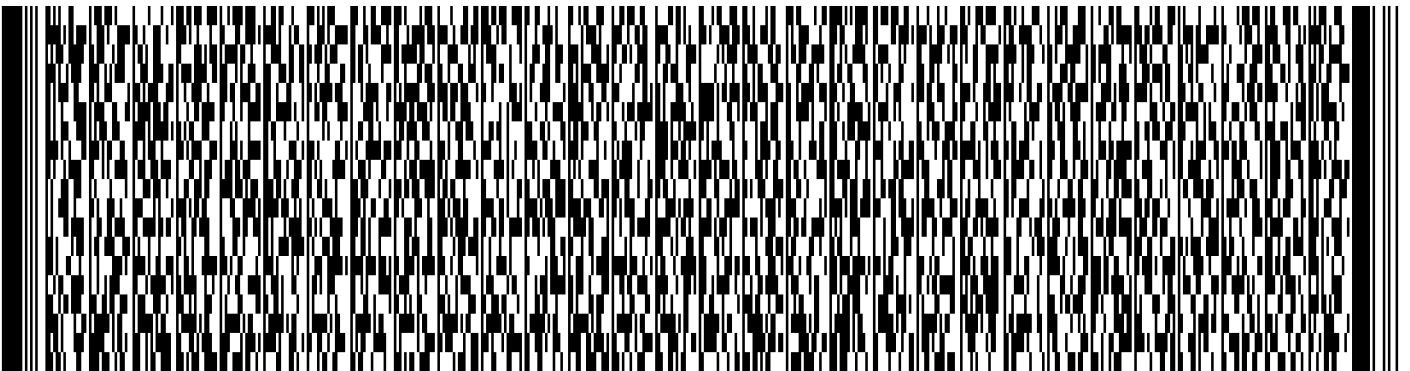
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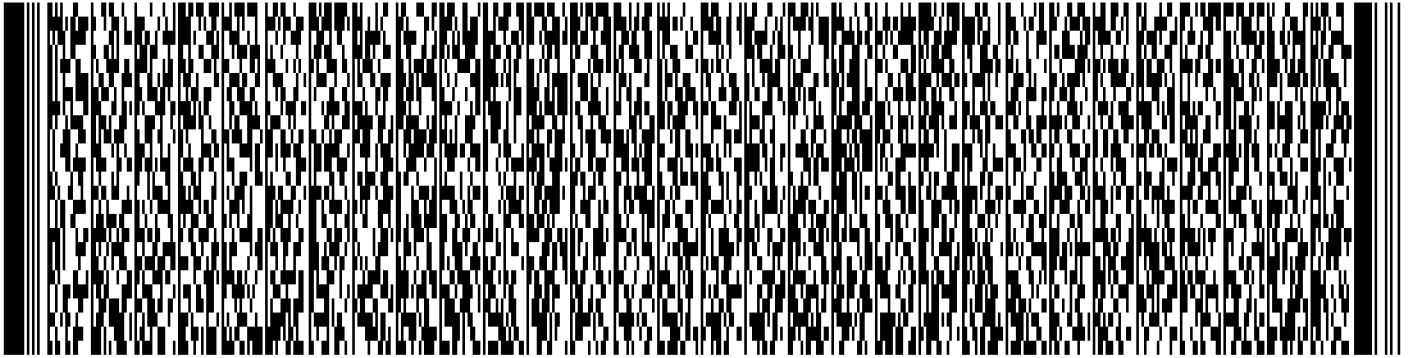
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Debtor's Name INVIVO THERAPEUTICS CORPORATION

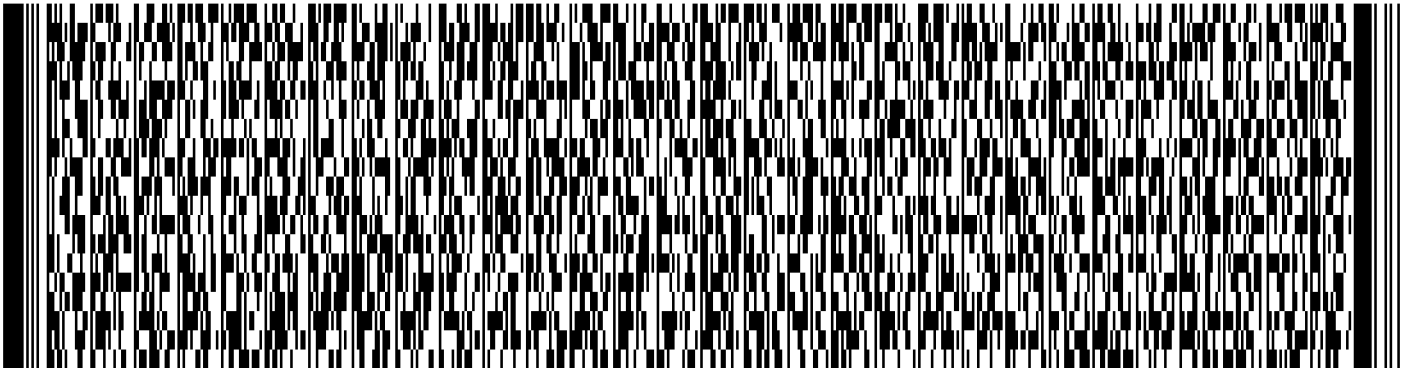
Case No. 24-10137



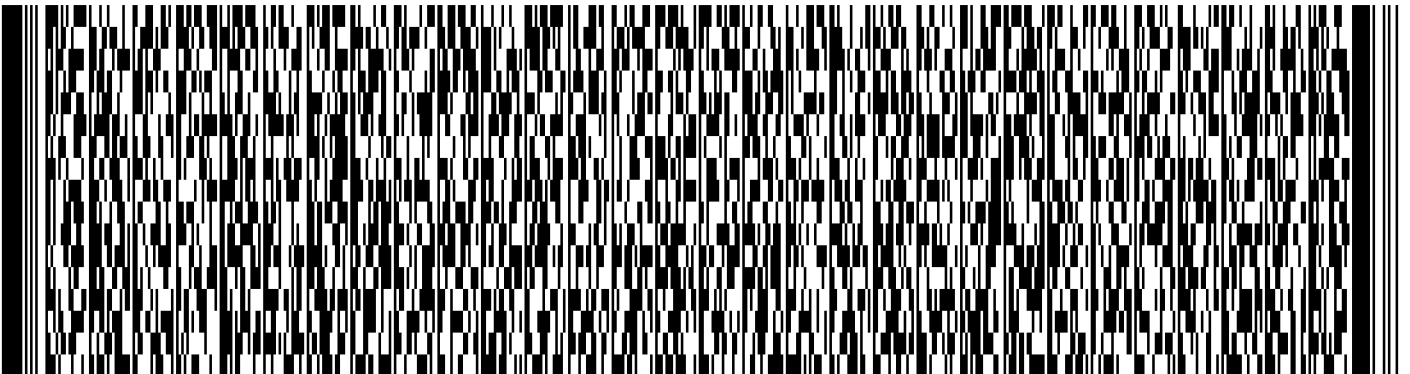
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Bankruptcy51to100



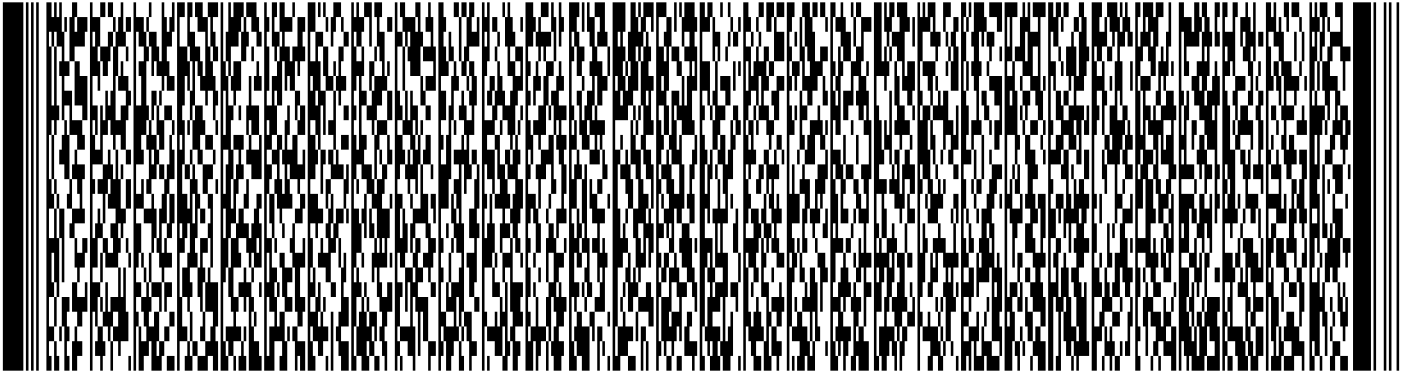
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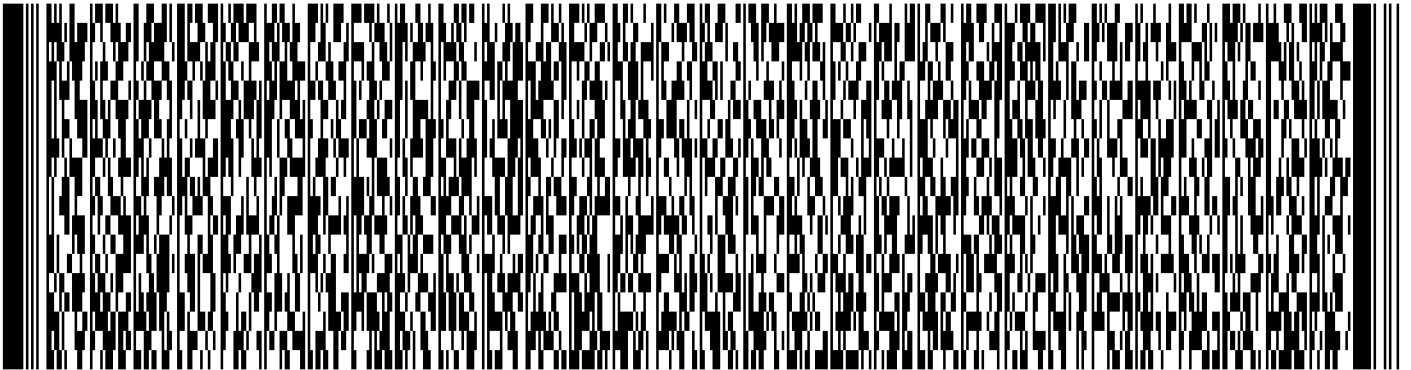
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Debtor's Name INVIVO THERAPEUTICS CORPORATION

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## Statement of cash receipts disbursements

May  
2024

## Operating Disbursements

Payroll, benefits and related taxes	\$	280,770
Severance		-
Consulting		-
Clinical Trial Costs		15,188
Rent		383
Investor Relations		-
Legal Fees		0
Audit and Tax Fees		-
Board of Directors Fees		-
Dues and Subscriptions		185
Insurance		-
Software		-
Mailing and Shipping		-
Telephone		342
Parking		-
Travel		-
Meals and Entertainment		138
Payroll processing fees		494
Office expenses & supplies		246
Bank fees		1,474
Miscellaneous expense		(659)
Taxes		-
Total Operating Disbursements		298,560

## Process Related Disbursements

<u>Debtor's Professionals</u>		
Landis Rath & Cobb		40,910
Sonoran		4,512
SSG		-
Wilmer-Hale		37,104
Claims agent - KCC		65,095
Total Debtor's Professionals		147,621
<u>Additional Professional/Costs</u>		
Committee Professionals		-
UST Fees		-
Total Process Related Disbursements		-

Total Disbursements	\$	446,181
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Beginning Cash	\$	4,400,803
Interest		18,373
Credit Card Deposit		-
Collections/Refunds		-
Total Disbursements		(446,181)
Rounding Adjustments		-
Ending Cash	\$	3,972,995

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## Balance Sheet

	<u>5/31/24</u>
ASSETS:	
Current assets:	
Cash and cash equivalents	\$ 3,972,995
Prepaid expenses and other current assets	<u>1,151,894</u>
Total current assets	5,124,889
PP&E, net	5,569
Restricted cash - non current	<u>50,000</u>
Total assets	<u><u>\$ 5,180,457</u></u>
Current liabilities:	
Accounts payable	373,223
Accrued expenses	<u>272,162</u>
Total current liabilities	645,385
Other liabilities	<u>-</u>
Total liabilities	645,385
Stockholders' equity:	
Total stockholders' equity	<u>4,535,072</u>
Total liabilities and stockholders' equity	<u><u>\$ 5,180,457</u></u>
	-



## Statement of Operations

	May 2024
Operating Expenses:	
Research and development	\$ 105,830
General and administrative	484,376
Total operating expenses	<u>590,205</u>
Operating loss	<u>(590,205)</u>
Other income/(expense):	
Other income	<u>18,373</u>
Other income/(expense), net	<u>18,373</u>
Net loss	<u><u>\$ (571,833)</u></u>

-



Cash Reconciliation  
05/31/24

<u>Account Type</u>	<u>Acct #</u>	<u>Total Per Bank Statement</u>	<u>Uncashed Checks</u>	<u>Acct Transfer In Transit</u>	<u>Other Assets</u>	<u>Cash Balance</u>
					<u>Restricted Cash</u>	
Operating	XXXXXX4583	\$ 250,000	\$ (7,107)	\$ -	\$ -	\$ 242,894
Sweep	XXXXXX0747	3,884,769	-	(154,667)	-	3,730,101
Security Deposit	XXXXXX0116	50,000	-	-	(50,000)	-
Total		\$ 4,184,769	\$ (7,107)	\$ (154,667)	\$ (50,000)	\$ 3,972,995



3003 Tasman Drive, Santa Clara, CA 95054

May 2024

Reporting Activity 05/01 - 05/31





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## ADDRESS SERVICE REQUESTED

&gt;003859 7689044 0001 092196 10Z

INVIVO THERAPEUTICS CORPORATION  
1500 DISTRICT AVENUE  
BURLINGTON, MA 01803

## Managing Your Accounts

	Phone:	(408) 654-4636
	Toll-Free:	(800) 774-7390
	Email:	clientsupport@svb.com
	Online:	www.svb.com

## Summary of Accounts

Account Type	Account Number	Ending Balance
Analysis Checking	XXXXXX4583	\$250,000.42
<b>Total Balance</b>		<b>\$250,000.42</b>

## Analysis Checking - XXXXXX4583

## Account Summary

Date	Description	
05/01/2024	Beginning Balance	\$250,000.41
05/31/2024	Ending Balance	\$250,000.42
	Total debits this period	\$448,729.35
	Total credits this period	\$448,729.36
	Service Charge	\$0.00

## Account Activity

Transaction Date	Description	Debits	Credits	Balance
05/01/2024	Beginning Balance			\$250,000.41
05/01/2024	CHECK #16947	-\$250.00	\$0.00	\$249,750.41
05/01/2024	CHECK #16949	-\$2,148.93	\$0.00	\$247,601.48
05/01/2024	CASH SWEEP REDEMPTION	\$0.00	\$2,398.52	\$250,000.00
05/03/2024	WIRE OUT 240503L1B77D1C001351 202412405136;BNF SONORAN CAPIT AL ADVISORS, LLC;OBI INV850	-\$4,512.40	\$0.00	\$245,487.60
05/03/2024	WIRE OUT 240503L1B77D1C001348 202412405138;BNF BCBSMA HMO BL UE DEPOSITORY;OBI INVIVO ACCOU	-\$8,568.26	\$0.00	\$236,919.34
05/03/2024	WIRE OUT 240503L1B77D1C001350 202412405139;BNF WISE;OBI WISE FBONOUS HEALTHCARE COMMUNICAT	-\$9,506.25	\$0.00	\$227,413.09

CHECKS OUTSTANDING									CHECKBOOK RECONCILIATION		
DATE OR #	AMOUNT		DATE OR #	AMOUNT		DATE OR #	AMOUNT				
									ENTER BALANCE THIS STATEMENT	\$	
									ADD		
									RECENT DEPOSITS (NOT CREDITED ON THIS STATEMENT)		
										\$	
									SUBTOTAL	\$	
									SUBTRACT TOTAL ITEMS OUTSTANDING	\$	
BALANCE should agree with your checkbook balance after deducting charges and adding credits not shown in your checkbook but included on this statement as follows: Interest-ADD    Overdraft-DEDUCT    Automatic Payment-DEDUCT    Automatic Advance-ADD    Service Charge-DEDUCT									BALANCE	\$	

PLEASE REPORT ANY ERRORS OR OMISSIONS PROMPTLY TO US. ERRORS OR OMISSIONS THAT ARE REPORTED WITHIN THE FIRST 30 DAYS FROM THE DATE OF THE LAST STATEMENT CYCLE ARE USUALLY RESOLVED MUCH MORE QUICKLY THAN DATED REQUESTS. As a fraud prevention measure, you need to review your statements and report unauthorized use or errors to us, as explained in more detail below.

If your checkbook and statement do not balance have you:

- ☐ Accounted for bank charges? ☐ Verified additions and subtractions in your checkbook? ☐ Compared canceled checks to check stub? ☐ Compared deposit amounts on statement to your checkbook?

Any charges for imprinted checks include state sales tax computed at the current rate, when applicable. You can call (800) 774-7390 to request an item or substitute check, or a legible copy. We will without charge provide at least two items (or substitute checks or legible copies) upon request, with respect to each statement.

**IN CASE OF ERRORS OR QUESTIONS CONCERNING YOUR ELECTRONIC TRANSFERS**  
**(For Consumer Clients)**

Telephone Silicon Valley Bank at (800) 774-7390 or write us at: Silicon Valley Bank, Attn: Client Services, 3003 Tasman Drive, Santa Clara, CA 95054, as soon as you can, if you think your statement or your receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- Tell us your name and account number (if any).
- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe this is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.

For questions about preauthorized transfers, please contact us at (800) 774-7390.

## IN CASE OF UNAUTHORIZED USE OF YOUR CHECKS OR ACCOUNTS

You agree to review your statement and to report unauthorized use (checks or other charges that are forged, altered or other unauthorized use) or error immediately. Your deposit agreement sets specific times within which you must report unauthorized use or errors to us. In summary (and subject to special rules that may apply to consumers), if you fail to report unauthorized use or errors to us within 30 days after your statement is available, you may be liable for subsequent unauthorized use by the same wrongdoer. If you fail to report within 60 days, you may also be precluded from asserting the unauthorized use or other error against us. Your statement is deemed "available" when made available in paper or electronic form. Your deposit agreement or Related Agreements may set shorter reporting requirements, such as for ACH services.

**FAIR CREDIT REPORTING ACT**

We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

**May 2024**

Reporting Activity 05/01 - 05/31

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**Analysis Checking - XXXXXX4583** (continued)

**Account Activity** (continued)

Transaction Date	Description	Debits	Credits	Balance
05/03/2024	WIRE OUT 240503L1B77D1C001349 202412405137;BNF KCC GLOBAL AD MINISTRATION - RESTRUC;OBI FEB	-\$17,432.64	\$0.00	\$209,980.45
05/03/2024	WIRE OUT 240503L1B77D1C001346 202412405129;BNF WILMER CUTLER PICKERING HALE AND DO;OBI INV	-\$17,584.35	\$0.00	\$192,396.10
05/03/2024	WIRE OUT 240503L1B77D1C001345 202412405130;BNF ADP, LLC.;OBI NET PAY AND TAX - 05-08-24ADP	-\$88,554.86	\$0.00	\$103,841.24
05/03/2024	CHECK #16936	-\$7.48	\$0.00	\$103,833.76
05/03/2024	CASH SWEEP REDEMPTION	\$0.00	\$146,166.24	\$250,000.00
05/07/2024	WAGeworks FSA RECEIVABLE INV6516793 INVIVO THERAPEUTICS HO	-\$1,833.60	\$0.00	\$248,166.40
05/07/2024	CASH SWEEP REDEMPTION	\$0.00	\$1,833.60	\$250,000.00
05/08/2024	WAGeworks FSA RECEIVABLE INV6526839 INVIVO THERAPEUTICS HO	-\$35.00	\$0.00	\$249,965.00
05/08/2024	CASH SWEEP REDEMPTION	\$0.00	\$35.00	\$250,000.00
05/09/2024	HEALTHEquity INC HealthEqui 81795 InVivo Therapeutics Co	-\$800.35	\$0.00	\$249,199.65
05/09/2024	CASH SWEEP REDEMPTION	\$0.00	\$800.35	\$250,000.00
05/10/2024	IRON MOUNTAIN RECRD MGMT 5926691 INVIVO THERAPEUTICS *C	-\$129.00	\$0.00	\$249,871.00
05/10/2024	BASIC BENEFITS PAYMENTS 32468875 170583 INVIVO THERAPEU	-\$47.63	\$0.00	\$249,823.37
05/10/2024	ADP PAYROLL FEES ADP FEES 788094208613 660338569INVIVO THERAP	-\$493.70	\$0.00	\$249,329.67
05/10/2024	CASH SWEEP REDEMPTION	\$0.00	\$670.33	\$250,000.00
05/14/2024	WAGeworks FSA RECEIVABLE INV6535141 INVIVO THERAPEUTICS HO	-\$179.30	\$0.00	\$249,820.70
05/14/2024	CASH SWEEP REDEMPTION	\$0.00	\$179.30	\$250,000.00

03859 7689044 044511 089021 0002/0004

**May 2024**

Reporting Activity 05/01 - 05/31

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**Analysis Checking - XXXXXX4583** (continued)

**Account Activity** (continued)

Transaction Date	Description	Debits	Credits	Balance
05/15/2024	WIRE OUT 240515L1B77D1C001404 202413604976;BNF KCC GLOBAL AD MINISTRATION - RESTRUC;OBI US	-\$47,662.52	\$0.00	\$202,337.48
05/15/2024	CHECK #16952	-\$57.50	\$0.00	\$202,279.98
05/15/2024	CASH SWEEP REDEMPTION	\$0.00	\$47,720.02	\$250,000.00
05/16/2024	HEALTHEQUITY INC HealthEqui 81795 InVivo Therapeutics Co	-\$429.38	\$0.00	\$249,570.62
05/16/2024	CASH SWEEP REDEMPTION	\$0.00	\$429.38	\$250,000.00
05/17/2024	WIRE OUT 240517L1B77D1C001343 202413805689;BNF ADP, LLC.;OBI NET PAY AND TAX - 05-22-24ADP	-\$88,556.96	\$0.00	\$161,443.04
05/17/2024	CASH SWEEP REDEMPTION	\$0.00	\$88,556.96	\$250,000.00
05/20/2024	DEPOSIT	\$0.00	\$658.58	\$250,658.58
05/20/2024	WAGeworks FSA RECEIVABLE INV6554733 INVIVO THERAPEUTICS HO	-\$1,138.26	\$0.00	\$249,520.32
05/20/2024	CHECK #16950	-\$212.42	\$0.00	\$249,307.90
05/20/2024	CHECK #16951	-\$707.70	\$0.00	\$248,600.20
05/20/2024	CASH SWEEP REDEMPTION	\$0.00	\$2,058.38	\$250,658.58
05/21/2024	CASH SWEEP PURCHASE	-\$658.58	\$0.00	\$250,000.00
05/22/2024	WAGeworks FSA RECEIVABLE INV6566550 INVIVO THERAPEUTICS HO	-\$802.00	\$0.00	\$249,198.00
05/22/2024	WIRE OUT 241430505400 202414305054;BNF SVB CARD OPER ATIONS- ACH PAYMENTS;OBI INVIV	-\$130.92	\$0.00	\$249,067.08
05/22/2024	WIRE OUT 241430505300 202414305053;BNF SVB CARD OPER ATIONS - ACH PAYMENTS;OBI INVI	-\$692.06	\$0.00	\$248,375.02
05/22/2024	CASH SWEEP REDEMPTION	\$0.00	\$1,624.98	\$250,000.00
05/23/2024	HEALTHEQUITY INC HealthEqui 81795 InVivo Therapeutics Co	-\$97.76	\$0.00	\$249,902.24
05/23/2024	CASH SWEEP REDEMPTION	\$0.00	\$97.76	\$250,000.00

**May 2024**

Reporting Activity 05/01 - 05/31

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**Analysis Checking - XXXXXX4583** (continued)

**Account Activity** (continued)

Transaction Date	Description	Debits	Credits	Balance
05/24/2024	WAGWORKS RECEIVABLE INV6468767 INVIVO THERAPEUTICS HO	-\$12.00	\$0.00	\$249,988.00
05/24/2024	CASH SWEEP REDEMPTION	\$0.00	\$12.00	\$250,000.00
05/28/2024	ANALYSIS SERVICE CHARGE	-\$371.67	\$0.00	\$249,628.33
05/28/2024	CHECK #16953	-\$269.53	\$0.00	\$249,358.80
05/28/2024	CASH SWEEP REDEMPTION	\$0.00	\$641.20	\$250,000.00
05/30/2024	WAGWORKS FSA RECEIVABLE INV6601518 INVIVO THERAPEUTICS HO	-\$178.92	\$0.00	\$249,821.08
05/30/2024	CASH SWEEP REDEMPTION	\$0.00	\$178.92	\$250,000.00
05/31/2024	WIRE OUT 240531L1B77D1C002212 202415208834;BNF WISE;OBI WISE FBONOUS HEALTHCARE COMMUNICAT	-\$5,681.25	\$0.00	\$244,318.75
05/31/2024	WIRE OUT 240531L1B77D1C002207 202415208829;BNF WILMER CUTLER PICKERING HALE AND DO;OBI INV	-\$19,519.15	\$0.00	\$224,799.60
05/31/2024	WIRE OUT 240531L1B77D1C002209 202415208832;BNF LANDIS RATH A ND COBB LLP;OBI INVIVO THERAPE	-\$40,910.06	\$0.00	\$183,889.54
05/31/2024	WIRE OUT 240531L1B77D1C002206 202415208828;BNF ADP, LLC.;OBI NET PAY AND TAX - 06.05.24ADP	-\$88,556.96	\$0.00	\$95,332.58
05/31/2024	CASH SWEEP REDEMPTION	\$0.00	\$154,667.42	\$250,000.00
05/31/2024	INT TRANSFER FROM ████████0116	\$0.00	\$0.42	\$250,000.42
05/31/2024	Ending Balance			\$250,000.42

**Checks Cleared**

Check Date	Check Number	Check Amount	Check Date	Check Number	Check Amount
05/03/2024	16936	\$7.48	05/01/2024	16947*	\$250.00
05/01/2024	16949*	\$2,148.93	05/20/2024	16950	\$212.42
05/20/2024	16951	\$707.70	05/15/2024	16952	\$57.50
05/28/2024	16953	\$269.53			

\* Indicates skipped check number

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***May 2024***

***Reporting Activity 05/01 - 05/31***

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**May 2024**

Reporting Activity 05/01 - 05/31

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16938

INVIVO THERAPEUTICS CORPORATION  
ONE KENNEL SQUARE, SUITE 3147  
CAMBRIDGE, MA 02142

SVB SILICON VALLEY BANK  
3000 SANDHILL AVENUE, SUITE 200  
MENLO PARK, CA 94025

PAY TO THE ORDER OF: Silicon Valley Bank

DATE: 05/03/2024

AMOUNT: \$7.48

FOR DEPOSIT ONLY  
PO BOX 6200  
JORDEN STATION  
JORDEN, MA 01917

16938

#16936 05/03/2024 \$7.48

16947

INVIVO THERAPEUTICS CORPORATION  
ONE KENNEL SQUARE, SUITE 3147  
CAMBRIDGE, MA 02142

SVB SILICON VALLEY BANK  
3000 SANDHILL AVENUE, SUITE 200  
MENLO PARK, CA 94025

PAY TO THE ORDER OF: US Trustee

DATE: 05/01/2024

AMOUNT: \$250.00

FOR DEPOSIT ONLY  
PO BOX 6200  
JORDEN STATION  
JORDEN, MA 01917

16947

#16947 05/01/2024 \$250.00

16948

INVIVO THERAPEUTICS CORPORATION  
ONE KENNEL SQUARE, SUITE 3147  
CAMBRIDGE, MA 02142

SVB SILICON VALLEY BANK  
3000 SANDHILL AVENUE, SUITE 200  
MENLO PARK, CA 94025

PAY TO THE ORDER OF: US Trustee

DATE: 05/01/2024

AMOUNT: \$2,148.93

FOR DEPOSIT ONLY  
PO BOX 6200  
JORDEN STATION  
JORDEN, MA 01917

16948

#16949 05/01/2024 \$2,148.93

16950

INVIVO THERAPEUTICS CORPORATION  
ONE KENNEL SQUARE, SUITE 3147  
CAMBRIDGE, MA 02142

SVB SILICON VALLEY BANK  
3000 SANDHILL AVENUE, SUITE 200  
MENLO PARK, CA 94025

PAY TO THE ORDER OF: Amc

DATE: 05/20/2024

AMOUNT: \$212.42

FOR DEPOSIT ONLY  
PO BOX 6200  
JORDEN STATION  
JORDEN, MA 01917

16950

#16950 05/20/2024 \$212.42

16951

INVIVO THERAPEUTICS CORPORATION  
ONE KENNEL SQUARE, SUITE 3147  
CAMBRIDGE, MA 02142

SVB SILICON VALLEY BANK  
3000 SANDHILL AVENUE, SUITE 200  
MENLO PARK, CA 94025

PAY TO THE ORDER OF: The Lincoln National Life Insurance Company

DATE: 05/20/2024

AMOUNT: \$707.70

FOR DEPOSIT ONLY  
PO BOX 6200  
JORDEN STATION  
JORDEN, MA 01917

16951

#16951 05/20/2024 \$707.70

16952

INVIVO THERAPEUTICS CORPORATION  
ONE KENNEL SQUARE, SUITE 3147  
CAMBRIDGE, MA 02142

SVB SILICON VALLEY BANK  
3000 SANDHILL AVENUE, SUITE 200  
MENLO PARK, CA 94025

PAY TO THE ORDER OF: Visa of Service Pay

DATE: 05/15/2024

AMOUNT: \$57.50

FOR DEPOSIT ONLY  
PO BOX 6200  
JORDEN STATION  
JORDEN, MA 01917

16952

#16952 05/15/2024 \$57.50

16953

INVIVO THERAPEUTICS CORPORATION  
ONE KENNEL SQUARE, SUITE 3147  
CAMBRIDGE, MA 02142

SVB SILICON VALLEY BANK  
3000 SANDHILL AVENUE, SUITE 200  
MENLO PARK, CA 94025

PAY TO THE ORDER OF: Visa of Service Pay

DATE: 05/28/2024

AMOUNT: \$269.53

FOR DEPOSIT ONLY  
PO BOX 6200  
JORDEN STATION  
JORDEN, MA 01917

16953

#16953 05/28/2024 \$269.53

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3003 Tasman Drive, Santa Clara, CA 95054

May 2024

Reporting Activity 05/01 - 05/31

Page 1 of 4

ADDRESS SERVICE REQUESTED

INVIVO THERAPEUTICS CORPORATION  
1500 DISTRICT AVENUE  
BURLINGTON MA 01803

DDA #: XXXXXX4583 Target Balance: \$250,000.00

Managing Your Accounts

- Phone: (408) 654-4636
- Toll-Free: (800) 774-7390
- Email: clientsupport@svb.com
- Online: www.svb.com

Messages/Notifications

Month-End Allocation %



SVB Cash Sweep Summary - Account XXXXXX0747

Fund Name	CUSIP	Ticker	Avg. Monthly Balance	Month-End Position	Net Monthly Income Earned*	Avg. Gross Yield**
Western Asset Inst US Treas Res/Inv	52470G684	LTRXX	\$1,994,939.49	\$1,942,384.29	\$8,177.25	5.130%
BlackRock Liquidity:T-Fund Admin	09248U676	BTAXX	\$1,994,936.68	\$1,942,384.28	\$8,085.49	5.080%
Totals				\$3,884,768.57	\$16,262.74	

\* Net Monthly Income Earned represents dividends earned in the current month, which are paid on the first day of the following month, less bank sweep fees.  
\*\* Avg. Gross Yield is the annualized average 30 day yield gross of any bank sweep fees.

MONEY MARKET MUTUAL FUND INVESTMENTS ARE:  
NOT A DEPOSIT - NOT FDIC INSURED - NOT INSURED BY ANY FEDERAL GOVERNMENT AGENCY - NOT GUARANTEED BY THE BANK - MAY LOSE VALUE

**May 2024**

Reporting Activity 05/01 - 05/31

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**SVB Cash Sweep Activity - Western Asset Inst US Treas Res/Inv**

Date	Transaction Description	Transaction Amount	Price	Investment Balance
05/01/2024	Redemption	(\$18,989.75)	\$1.00	
05/01/2024	Dividend Reinvest	\$9,232.50	\$1.00	
05/01/2024	Fee Charged	(\$553.95)	\$1.00	\$2,088,800.01
05/02/2024	Redemption	(\$1,242.80)	\$1.00	\$2,087,557.21
05/06/2024	Redemption	(\$73,083.12)	\$1.00	\$2,014,474.09
05/08/2024	Redemption	(\$916.80)	\$1.00	\$2,013,557.29
05/09/2024	Redemption	(\$17.50)	\$1.00	\$2,013,539.79
05/10/2024	Redemption	(\$400.18)	\$1.00	\$2,013,139.61
05/13/2024	Redemption	(\$335.16)	\$1.00	\$2,012,804.45
05/15/2024	Redemption	(\$89.66)	\$1.00	\$2,012,714.79
05/16/2024	Redemption	(\$23,860.00)	\$1.00	\$1,988,854.79
05/17/2024	Redemption	(\$214.70)	\$1.00	\$1,988,640.09
05/20/2024	Redemption	(\$44,278.48)	\$1.00	\$1,944,361.61
05/21/2024	Redemption	(\$1,029.18)	\$1.00	\$1,943,332.43
05/22/2024	Purchase	\$329.28	\$1.00	\$1,943,661.71
05/23/2024	Redemption	(\$812.48)	\$1.00	\$1,942,849.23
05/24/2024	Redemption	(\$48.88)	\$1.00	\$1,942,800.35
05/28/2024	Redemption	(\$6.00)	\$1.00	\$1,942,794.35
05/29/2024	Redemption	(\$320.60)	\$1.00	\$1,942,473.75
05/31/2024	Redemption	(\$89.46)	\$1.00	\$1,942,384.29

**MONEY MARKET MUTUAL FUND INVESTMENTS ARE:****NOT A DEPOSIT - NOT FDIC INSURED - NOT INSURED BY ANY FEDERAL GOVERNMENT AGENCY - NOT GUARANTEED BY THE BANK - MAY LOSE VALUE**

**May 2024**

Reporting Activity 05/01 - 05/31

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**SVB Cash Sweep Activity - BlackRock Liquidity:T-Fund Admin**

Date	Transaction Description	Transaction Amount	Price	Investment Balance
05/01/2024	Fee Charged	(\$548.39)	\$1.00	
05/01/2024	Dividend Reinvest	\$9,139.85	\$1.00	
05/01/2024	Redemption	(\$18,989.75)	\$1.00	\$2,088,712.92
05/02/2024	Redemption	(\$1,155.72)	\$1.00	\$2,087,557.20
05/06/2024	Redemption	(\$73,083.12)	\$1.00	\$2,014,474.08
05/08/2024	Redemption	(\$916.80)	\$1.00	\$2,013,557.28
05/09/2024	Redemption	(\$17.50)	\$1.00	\$2,013,539.78
05/10/2024	Redemption	(\$400.17)	\$1.00	\$2,013,139.61
05/13/2024	Redemption	(\$335.17)	\$1.00	\$2,012,804.44
05/15/2024	Redemption	(\$89.64)	\$1.00	\$2,012,714.80
05/16/2024	Redemption	(\$23,860.02)	\$1.00	\$1,988,854.78
05/17/2024	Redemption	(\$214.68)	\$1.00	\$1,988,640.10
05/20/2024	Redemption	(\$44,278.48)	\$1.00	\$1,944,361.62
05/21/2024	Redemption	(\$1,029.20)	\$1.00	\$1,943,332.42
05/22/2024	Purchase	\$329.30	\$1.00	\$1,943,661.72
05/23/2024	Redemption	(\$812.50)	\$1.00	\$1,942,849.22
05/24/2024	Redemption	(\$48.88)	\$1.00	\$1,942,800.34
05/28/2024	Redemption	(\$6.00)	\$1.00	\$1,942,794.34
05/29/2024	Redemption	(\$320.60)	\$1.00	\$1,942,473.74
05/31/2024	Redemption	(\$89.46)	\$1.00	\$1,942,384.28

**MONEY MARKET MUTUAL FUND INVESTMENTS ARE:****NOT A DEPOSIT - NOT FDIC INSURED - NOT INSURED BY ANY FEDERAL GOVERNMENT AGENCY - NOT GUARANTEED BY THE BANK - MAY LOSE VALUE**



**May 2024**

Reporting Activity 05/01 - 05/31

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**MONEY MARKET MUTUAL FUND INVESTMENTS ARE:  
NOT A DEPOSIT - NOT FDIC INSURED - NOT INSURED BY ANY FEDERAL GOVERNMENT AGENCY - NOT GUARANTEED BY THE BANK - MAY LOSE VALUE**

3003 Tasman Drive, Santa Clara, CA 95054

May 2024





Reporting Activity 05/01 - 05/31

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ADDRESS SERVICE REQUESTED

>049090 7677155 0001 092196 10Z  
INVIVO THERAPEUTICS CORPORATION  
1500 DISTRICT AVENUE  
BURLINGTON, MA 01803

Managing Your Accounts

-  **Phone:** (408) 654-4636
-  **Toll-Free:** (800) 774-7390
-  **Email:** clientsupport@svb.com
-  **Online:** www.svb.com

Summary of Accounts

Account Type	Account Number	Ending Balance
Collateral MMA	XXXXXX0116	\$50,000.00
<b>Total Balance</b>		<b>\$50,000.00</b>

Collateral MMA - XXXXXX0116

Account Summary

Date	Description	
05/01/2024	Beginning Balance	\$50,000.00
05/31/2024	Ending Balance	\$50,000.00
	Total debits this period	\$0.42
	Total credits this period	\$0.00
	Service Charge	\$0.00

Interest Summary

Description	
Interest Earned From 05/01/2024 Through 05/31/2024	
Annual Percentage Yield Earned	0.01%
Interest Days	31
Interest Earned	\$0.42
Interest Paid This Period	\$0.42
Interest Paid Year-to-Date	\$2.07
Interest Withheld Year-to-Date	\$0.00

Account Activity

Transaction Date	Description	Debits	Credits	Balance
05/01/2024	Beginning Balance			\$50,000.00
05/31/2024	INTEREST PAYMENT	\$0.00	\$0.42	\$50,000.42
05/31/2024	INT TRANSFER TO [REDACTED] 4583	-\$0.42	\$0.00	\$50,000.00
05/31/2024	Ending Balance			\$50,000.00

Interest Rate Summary

Date	Rate
05/01/2024	0.01%

CHECKS OUTSTANDING									CHECKBOOK RECONCILIATION		
DATE OR #	AMOUNT		DATE OR #	AMOUNT		DATE OR #	AMOUNT				
									ENTER BALANCE THIS STATEMENT	\$	
									ADD  RECENT DEPOSITS (NOT CREDITED ON THIS STATEMENT)	\$	
									SUBTOTAL	\$	
									SUBTRACT TOTAL ITEMS OUTSTANDING	\$	
BALANCE should agree with your checkbook balance after deducting charges and adding credits not shown in your checkbook but included on this statement as follows: Interest-ADD    Overdraft-DEDUCT    Automatic Payment-DEDUCT    Automatic Advance-ADD    Service Charge-DEDUCT									BALANCE	\$	

PLEASE REPORT ANY ERRORS OR OMISSIONS PROMPTLY TO US. ERRORS OR OMISSIONS THAT ARE REPORTED WITHIN THE FIRST 30 DAYS FROM THE DATE OF THE LAST STATEMENT CYCLE ARE USUALLY RESOLVED MUCH MORE QUICKLY THAN DATED REQUESTS. As a fraud prevention measure, you need to review your statements and report unauthorized use or errors to us, as explained in more detail below.

If your checkbook and statement do not balance have you:

- ☐ Accounted for bank charges? ☐ Verified additions and subtractions in your checkbook? ☐ Compared canceled checks to check stub? ☐ Compared deposit amounts on statement to your checkbook?

Any charges for imprinted checks include state sales tax computed at the current rate, when applicable. You can call (800) 774-7390 to request an item or substitute check, or a legible copy. We will without charge provide at least two items (or substitute checks or legible copies) upon request, with respect to each statement.

**IN CASE OF ERRORS OR QUESTIONS CONCERNING YOUR ELECTRONIC TRANSFERS**  
**(For Consumer Clients)**

Telephone Silicon Valley Bank at (800) 774-7390 or write us at: Silicon Valley Bank, Attn: Client Services, 3003 Tasman Drive, Santa Clara, CA 95054, as soon as you can, if you think your statement or your receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- Tell us your name and account number (if any).
- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe this is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.

For questions about preauthorized transfers, please contact us at (800) 774-7390.

## IN CASE OF UNAUTHORIZED USE OF YOUR CHECKS OR ACCOUNTS

You agree to review your statement and to report unauthorized use (checks or other charges that are forged, altered or other unauthorized use) or error immediately. Your deposit agreement sets specific times within which you must report unauthorized use or errors to us. In summary (and subject to special rules that may apply to consumers), if you fail to report unauthorized use or errors to us within 30 days after your statement is available, you may be liable for subsequent unauthorized use by the same wrongdoer. If you fail to report within 60 days, you may also be precluded from asserting the unauthorized use or other error against us. Your statement is deemed "available" when made available in paper or electronic form. Your deposit agreement or Related Agreements may set shorter reporting requirements, such as for ACH services.

**FAIR CREDIT REPORTING ACT**

We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.