FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* MICHAELS BARRY D | | | | | | 2. Issuer Name and Ticker or Trading Symbol ORGANOVO HOLDINGS, INC. [ONVO] | | | | | | | | | | ck all applic Directo | able) r | g Pers | 10% Ov | vner | |
|---|---|--|---|---------|------------|--|---|---|--|-----------------------------|------------|--|--|--------------------------------|---|---|---|---|--|---|--|
| (Last) (First) (Middle) 6275 NANCY RIDGE DRIVE, SUITE 110 | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/20/2013 | | | | | | | | | X | below) | (give title hief Financial | | Other (s below) Officer | респу | |
| (Street) SAN DIEGO CA 92121 (City) (State) (Zip) | | | | | 4.1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Line) | Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Tab | le I - Nor | า-Deriง | vativ | e Se | curit | ties Ac | quire | d, Di | ispo | osed o | f, or Be | enefic | ially | Owned | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | ear) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Cod | Transaction Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | 4 and Securitie Beneficia Owned F | | s illy ollowing | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Cod | le V | | Amount | (A) (D) | Pr Pr | ice | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Common Stock 12/20/ | | | | | | /2013 | | | N | М | | 47,619 A | | | \$2.1 | 550,432(1) | | | D | | |
| | | - | Γable II - | | | | | | | | | | or Ber ble sec | | | Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution I if any (Month/Day | Date, | Code (Inst | | of Deri Sec Acq (A) o Disp of (I | umber vative urities uired or oosed O) (Instr. and 5) | 6. Date Exercisable Expiration Date (Month/Day/Year) | | | | d 7. Title and Ame of Securities Underlying Derivative Secu (Instr. 3 and 4) | | Derivative Security | | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | e s lly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership t (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exerci | sable | Exp Dat | piration te | Title | Amo or Num of Shar | ber | | | | | | |
| Stock Option (Right to Buy) | \$2.1 | 12/20/2013 | | | M | | | 47,619 | 08/23/ | 2012 | 08/ | /23/2022 | Common Stock | 47,6 | 519 | \$0 | 32,068 | 8 | D | | |

Explanation of Responses:

1. This number does not include 296,715 shares of common stock underlying outstanding options held by Mr. Michaels; post-transaction Mr. Michaels continues to beneficially own or have a right to acquire 847,147 shares of common stock.

/s/ Barry Michaels

12/20/2013

** Signature of Reporting Person

Date

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

- * 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.

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 Number.