FORM 3

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL								
OMB Number:	3235-0104							
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

Name and Address of Reporting Person*     KUSSMAN CRAIG			2. Date of Event Requiring Staten (Month/Day/Year 08/22/2016	nent	3. Issuer Name and Ticker or Trading Symbol ORGANOVO HOLDINGS, INC. [ ONVO ]						
(Last)					Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner			(	5. If Amendment, Date of Original Filed (Month/Day/Year)		
					X Officer (give title below)  Chief Financial (		Other (specify below) Officer		6. Individual or Joint/Group Filing (Check Applicable Line)		
(Street)									X Form filed by One Reporting Person		
SAN DIEGO CA 92121		92121							Form filed by More than One Reporting Person		
(City)	(State)	(Zip)									
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)						int of Securities ially Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
1. Title of Derivative Security (Instr. 4)			2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securi Underlying Derivative Securit		ty (Instr. 4) Conve		se Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
		Date Exercisable	Expiration Date	n Title		Amount or Number of Shares	Price of Derivative Security	Direct (D) e or Indirect (I) (Instr. 5)			

**Explanation of Responses:** 

## Remarks:

No securities are beneficially owned.

/s/ Craig Kussman 08/23/2016

\*\* Signature of Reporting Person Date

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

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).