## Edgar Filing: WILSON JEFF T - Form 4

WILSON JE Form 4 March 23, 20										
FORM	1 4							OMB AF	PROVAL	
-	UNITED ST.			ND EXCI D.C. 2054		GE C	OMMISSION	OMB Number:	3235-0287	
Check thi if no long	ar							Expires:	January 31,	
subject to		NT OF CHAN	ANGES IN BENEFICIAL OWN				NERSHIP OF	Estimated a	2005 verage	
Section 1	tion 16. SECURITIES							burden hours per		
Form 4 or Form 5		unt to Continu 1	(a) of the	- Conveitio	o Erro	1	A at af 1024	response	0.5	
obligation		int to Section 1					1935 or Section	<b>h</b>		
may cont	inue.	30(h) of the Ir	•	• •	•			1		
<i>See</i> Instru 1(b).	iction	50(II) of the II	i vestillent	company	11010	л 1) <del>т</del>	0			
1(0).										
(Print or Type F	Responses)									
1. Name and A	er Name <b>and</b> Ticker or Trading			5. Relationship of Issuer	Reporting Pers	Reporting Person(s) to				
WILSON JEFF T Symbol							155001			
MIC			AICROVISION INC [MVIS]				(Check all applicable)			
(Last)	(First) (Mide		f Earliest Tr	ansaction						
			Month/Day/Year) 3/21/2011				Director 10% Owner X Officer (give title Other (specify below) below)			
C/O MICROVISION, INC., 6222 03/21/2 185TH AVE NE			/21/2011							
1051117111								CFO		
(Street) 4. If A			If Amendment, Date Original			6. Individual or Joint/Group Filing(Check				
	d(Month/Day/Year)				Applicable Line) X Form filed by One Reporting Person					
REDMOND, WA 98052       _X_ Form filed by One Reporting Person         Form filed by More than One Reporting         Parcon										
	, WIY 90052						Person			
(City)	(State) (Zip	<sup>))</sup> Tab	le I - Non-D	erivative Se	curitie	es Acqu	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction Date 2.	A. Deemed	3.	4. Securitie	s Acqu	uired	5. Amount of	6. Ownership	7. Nature of	
Security	-	xecution Date, if					Securities	Form: Direct		
(Instr. 3)		ny Month/Day/Year)	Code(Instr. 3, 4 and 5)Day/Year)(Instr. 8)				Beneficially Owned	(= ) == =====	Beneficial Ownership	
	(*	(101101, 2 u), 1 cui)	(11541 0)				Following	(Instr. 4)	(Instr. 4)	
					(A)		Reported			
					or		Transaction(s) (Instr. 3 and 4)			
Common			Code V	Amount	(D)	Price ¢				
Common Stock (1)	03/21/2011		А	110,000	А	\$ 1.3	151,607	D		
Stock <u>·</u>						1.5				

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.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

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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. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	int of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Addre	ess	Relationships						
	Director	10% Owner	Officer	Other				
WILSON JEFF T								
C/O MICROVISION, INC.			CFO					
6222 185TH AVE NE			ero					
REDMOND, WA 98052								
Signatures								
/s/Jeff T. Wilson	03/23/2011							
<u>**</u> Signature of	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).

This restricted stock unit award was granted as part of the reporting person's long-term incentive compensation. Vesting of the restricted
 (1) stock unit award is conditioned upon the Company achieving a milestone related to the sales of "direct" green laser based PicoP display engine technology. Shares that do not vest will be cancelled.

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.

Reporting Person