## Edgar Filing: MICROVISION INC - Form 4

MICDOVICION INC

MICROVISI	ON INC								
Form 4									
March 27, 20	08								
FORM	4								PPROVAL
	UNITEDSI	FATES SECUR Was	RITIES Al Shington, 1			GE C	OMMISSION	OMB Number:	3235-0287
Check this								Expires:	January 31,
if no longe subject to Section 16	SIAIEME				ES IN BENEFICIAL OWNERSI ECURITIES			Expires: 200 Estimated average burden hours per	
Form 4 or		Sheekiins					response	rs per 0.5	
Form 5	Filed pursu	ant to Section 1	6(a) of the	Securitie	es Exe	change	e Act of 1934,	reepeneem	0.0
obligation	<sup>s</sup> Section $17(a)$	of the Public Ut				-		n	
may contin See Instru		30(h) of the In	vestment (	Company	Act	of 194	0		
1(b).	•••••								
(Print or Type R	esponses)								
1.57 1.4		*					5 D L (* 11 )		( ) .
1. Name and Ac WILSON JE		2. Issuer Name <b>and</b> Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer			
WILSON JL		Symbol				100000			
		MICROVISION INC [MVIS]				(Check all applicable)			
(Last)	(First) (Mid		Earliest Tra	nsaction					
C/O MICRO		(Month/Day/Year)				Director X Officer (give		Owner er (specify	
185TH AVE	.22 05/25/20	03/25/2008				below)	below)		
1051117112								CFO	
		4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
				Applicable Line) _X_ Form filed by One Reporting Person					
REDMOND	WA 08052							fore than One Re	
KEDWOND	, WA 96032						Person		
(City)	(State) (Zi	ip) Tabl	e I - Non-De	erivative Se	ecuriti	es Acq	uired, Disposed of	, or Beneficial	ly Owned
1.Title of	2. Transaction Date		3. T				5. Amount of	6. Ownership	
Security (Instr. 3)	(Month/Day/Year)	Execution Date, if any	Code	on(A) or Dis (D)	sposed	of	Securities Beneficially	Form: Direct (D) or	Indirect Beneficial
(1150.5)		(Month/Day/Year)		· · ·	1 and 5	5)	Owned	Indirect (I)	Ownership
							Following	(Instr. 4)	(Instr. 4)
					(A)		Reported Transaction(s)		
			<b>a b b</b>		or	D.	(Instr. 3 and 4)		
Postricted			Code V	Amount	(D)	Price			
Restricted Stock (1)	03/25/2008		А	15,462	А	\$0	15,462	D	
STOCK (-)									

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. Transactio Code (Instr. 8)	5. Number of onDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Ar Underlying Se (Instr. 3 and 4)
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title I
Non-Qualified Stock Option (Right to Buy)	\$ 2.23	03/25/2008		А	25,203	03/25/2008	03/25/2018	Common Stock
Non-Qualified Stock Option (Right to Buy)	\$ 2.23	03/25/2008		А	36,078	03/25/2009 <u>(2)</u>	03/25/2018	Common Stock

## **Reporting Owners**

Reporting Owner Name / Addre	ess	Relationships						
	Director	10% Owner	Officer	Other				
WILSON JEFF T								
C/O MICROVISION, INC.			CFO					
6222 185TH AVENUE NE			CFU					
REDMOND, WA 98052								
Signatures								
/s/Jeff T. Wilson	03/27/2008							

## Reporting Person Explanation of Responses:

\* If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).

Date

- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) The award will vest on the third anniversary of the date of grant, subject to the terms of the 2006 Incentive Plan.
- (2) The reporting person vests ownership in this stock option as follows: 25% upon each annual anniversary of the date of grant, subject to the terms of the 2006 Incentive Plan.

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.

\*\*Signature of