

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL				
OMB Number:	3235-0104			
Estimated average	e burden			
nours per respons	e 0.5			

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

(Print or Type Responses)									
Name and Address of Reporting Person * Mulligan Perry	Stateme	Statement (Month/Day/Year) 01/27/2010 4.1 IssuX		3. Issuer Name and Ticker or Trading Symbol MICROVISION INC [MVIS]					
(Last) (First) (Middle) 74 PLAZA CUESTRA	01/2//.			4. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director _ Officer (give title below) Check all applicable) _10% Owner _ Other (specify below)			5. If Amendment, Date Original Filed(Month/Day/Year)		
(Street) SAN JUAN CAPISTRANO, CA 926	75						6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person		
(City) (State) (Zip)		Table I - Non-Derivative Securities Beneficially Owned						vned	
1.Title of Security (Instr. 4) Reminder: Report on a separate line for each c Persons who res unless the form	spond to the d displays a cu	Bene (Instr	owned directly information OMB contro	or indirectly. contained in to linumber.	Form: Direct (D) or Indirect (I) (Instr. 5)	ot requi) red to resp		
1. Title of Derivative Security (Instr. 4)	Expiration Date (Month/Day/Year) Securities Derivative (Instr. 4)		3. Title and A Securities Un Derivative S	Amount of nderlying	4. Conversion or Exercise Price of Derivative Security	n 5. O Forr Deri Secu	5. Ownership Form of Derivative Security: Direct (D) or	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
	Date Exercisable	Expiration Date	Title	Amount or Number of Shar		Indirect (I) (Instr. 5)	rect (I)		
Non-Qualified Stock Option (right to	11/30/2007	11/30/2012	Common	11,638	\$ 4.06		D		

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Mulligan Perry 74 PLAZA CUESTRA SAN JUAN CAPISTRANO, CA 92675	X					

Signatures

Perry Mulligan	02/02/2010
**Signature of Reporting Person	Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(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.

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.