

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

| OMB APPROVAL | | | | | |
|--------------------------|-----------|--|--|--|--|
| OMB Number: | 3235-0104 | | | | |
| Estimated average burden | | | | | |
| nours per response | | | | | |

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) | | | | | | | | | | |
|---------------------------------------------------------------------|---------------------|------------------------------------------------------------------------|---------------------------|----------------------------------------------------------------------------------------------|-------|--------------------------------------------------------|----------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|--|
| Franzi Michael Joseph | | 2. Date of Event Requiring Statement (Month/Day/Year) 03/11/2013 | | 3. Issuer Name and Ticker or Trading Symbol MICROVISION INC [MVIS] | | | | | | |
| (Last) (First) (Middl C/O MICROVISION INC., 6222 18 AVENUE NE | e) | 013 | | 4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | 5. If Amendment, Date Original Filed(Month/Day/Year) | | |
| (Street) REDMOND, WA 98052 | | X_ Officer (give to below) | | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) X_Form filed by One Reporting PersonForm filed by More than One Reporting Person | | |
| (City) (State) (Zip |) | Table I - Non-Derivative Securities Beneficially Owned | | | | | | ned | | |
| 1.Title of Security (Instr. 4) | · | 2. Amount of Securities Beneficially Owned (Instr. 4) | | ties | Form: | Direct Indirect | 4. Natu (Instr. 5 | Nature of Indirect Beneficial Ownership str. 5) | | |
| | | ollection of in rently valid O | formation c MB control | ontained in number. | | | • | | SEC 1473 (7-02) | |
| 1. Title of Derivative Security (Instr. 4) | | Date Exercisable and piration Date onth/Day/Year) | | 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) | | 4. Conversion or Exercise Price of Derivative | | 5. Ownership Form of Derivative Security: | 6. Nature of Indirect Beneficial Ownership (Instr. 5) | |
| | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | , | | | Direct (D) or Indirect (I) (Instr. 5) | | |
| Non-Qualified Stock Option (right to buy) | 01/30/2014(1) | 01/30/2023 | Common Stock | 35,000 | | \$ 1.85 | | D | | |
| 1 \ 0 | Date Exercisable | Date | (Instr. 4) Title Common | Amount or Number of Shares | | Derivative Security | Sec Dir Inc | curity: rect (D) or direct (I) sstr. 5) | (Instr. 5) | |

Reporting Owners

| | Reporting Owner Name / Address | Relationships | | | | |
|--|--------------------------------------------------------------------------------------------|---------------|--------------|------------------------------|-------|--|
| | | Director | 10% Owner | Officer | Other | |
| | Franzi Michael Joseph C/O MICROVISION INC. 6222 185TH AVENUE NE REDMOND, WA 98052 | | | VP, Marketing & Business Dev | | |

Signatures

| /s/ Michael J. Franzi | 03/21/2013 |
|---------------------------------|------------|
| **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).
- (1) The reporting person vests ownership in this stock option as follows: 25% upon each 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.