FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

l	OMB APPRO	VAL
l	OMB Number:	3235-0287
l	Estimated average burde	en
l	hours per response:	0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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* Vaught John						2. Issuer Name and Ticker or Trading Symbol National Vision Holdings, Inc. [EYE]										elationship (eck all applic Directo	cable) or	g Pers	10% Ov	vner
(Last) (First) (Middle) C/O NATIONAL VISION HOLDINGS, INC. 2435 COMMERCE AVENUE, BLDG. 2200					03/	/14/2	2018					Day/Year)		X Officer (give title Other (specibelow) SVP, Chief Information Officer						
(Street) DULUTH GA 30096-4980				_ 4. l [·]	f Am	endme	nt, Date	of C	Original	Filed	(Month/Da	Line	Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City)	(S	tate)	(Zip)																	
		Tak	le I - No			_			Ť		Dis					y Owned				
1. Title of Security (Instr. 3) 2. Transa Date (Month/L				Execution Date,			,	Transaction Disposed Code (Instr. 5)			ities Acquired (A) or d Of (D) (Instr. 3, 4 ar				s For ally (D) following (I) (I		n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership		
										Code V		Amount		(A) or (D)	Price	Reported Transact (Instr. 3	ion(s)			(Instr. 4)
Common Stock 03/14				4/201	2018			M ⁽¹⁾		13,490		A	\$1.66	13,490			D			
Common Stock 03/14				4/201	2018			M ⁽¹⁾		13,455 A		A	\$4.27	26,945			D			
Common Stock 03/14			4/201	2018			F ⁽²⁾		9,825 D		\$33.5	7 17,120			D					
		-	Table II -									osed of, onvertil				Owned				
1. Title of Derivative Security (Instr. 3)	Conversion Date Exe or Exercise (Month/Day/Year) if a		3A. Deeme Execution if any (Month/Day	ution Date, Tr		Transaction Code (Instr.				6. Date Exercisa Expiration Date (Month/Day/Yea		!	of Se Unde Deriv	7. Title and Amou of Securities Underlying Derivative Securit (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ily	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)		ate xercisab		Expiration Date	Title		Amount or Number of Shares					
Stock Option (Right to Buy)	\$1.66	03/14/2018			M ⁽¹⁾			13,490		(3)	C)4/11/2023	Com		13,490	\$0	0		D	
Stock Option (Right to Buy)	\$4.27	03/14/2018			M ⁽¹⁾			13,455		(4)		3/13/2024	Com		13,455	\$0	26,824	4	D	

Explanation of Responses:

- 1. Represents an exercise of stock options in connection with the Reporting Person's sale of shares of common stock received upon exercise in a secondary offering that is scheduled to be completed on March 19, 2018.
- 2. Represents the withholding of shares to pay the exercise price and related taxes in connection with the stock option exercise.
- 3. These stock options are fully vested.
- 4. Of these 40,279 stock options, 13,426 are vested and the remaining 26,853 stock options will vest in two equal annual installments on March 13, 2018 and 2019. An additional 100,698 stock options which remain subject to liquidity-event performance-based vesting conditions are not included in the table above.

Remarks:

/s/ Jared Brandman, as 03/16/2018 Attorney-in-Fact

** Signature of Reporting Person Date

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

- * 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).

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.