FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington D.C. 20549

vvasn	ington,	D.C.	20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL									
	OMB Number: 3235-028									
l	Estimated average burden									
l	hours per response:	0.5								

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

1. Name and Address of Reporting Person* Rasmussen Melissa				2. Issuer Name and Ticker or Trading Symbol National Vision Holdings, Inc. [EYE]								(Ch	eck all appli Directo	ationship of Reporting c all applicable) Director Officer (give title		son(s) to Iss 10% Ov Other (s	vner			
(Last) (First) (Middle) C/O NATIONAL VISION HOLDINGS, INC. 2435 COMMERCE AVENUE, BLDG. 2200						3. Date of Earliest Transaction (Month/Day/Year) 02/28/2021									below)	SVP, Chief Accounting Officer				
(Street) DULUTH GA 30096-4980 (City) (State) (Zip)				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	e) X Form: Form:						
		Tabl	le I - Nor	n-Deriva	ative	Sec	uritie	es Ac	quired,	Dis	posed (of, or	3ene	ficial	ly Owne	d				
Da			Date	2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. r) 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)				Benefici Owned F	es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or)	Price	Reported Transact (Instr. 3	tion(s)			(Instr. 4)	
Common	Stock			02/28	/2021	2021			М		383	383 A		\$0 ⁽¹⁾) 494(2)		D			
Common Stock 02/28/					/2021			F		136		D	(3)	358		D				
		Т	able II - I								osed of onverti				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date,		ransaction Code (Instr.		n of		6. Date Exercisa Expiration Date (Month/Day/Year		7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				c	Code	v	(A)		Date Exercisal		xpiration ate	Title	or Nu of	nount imber ares						
Restricted Stock	(1)	02/28/2021			M			383	(4)		(4)	Commo		383	\$0	11,743	3	D		

Explanation of Responses:

- 1. Each restricted stock unit represents a contingent right to receive one share of NVHI common stock.
- 2. These shares include 111 shares that were acquired pursuant to the employee stock purchase plan, which acquisitions are exempt from Section 16.
- 3. On February 28, 2021, 383 restricted stock units vested and 136 shares of the Company's common stock were withheld to satisfy tax withholding obligations. The closing price on February 26, 2021 (as February 28, 2021 fell on a weekend) of the Company's common stock on NASDAQ was \$47.49 per share.
- 4. On February 28, 2020, the reporting person was granted 1,149 restricted stock units, vesting in three equal annual installments beginning on the first anniversary of the grant date.

Remarks:

/s/ Jared Brandman, as Attorney-in-Fact

** Signature of Reporting Person Date

03/02/2021

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.