FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	OMB APPROVAL								
	OMB Number:	3235-0287							
l	Estimated average burden								
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).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

							- ()			-	iipaiiy Act c			_						
Name and Address of Reporting Person*  Johnson Susan S						2. Issuer Name <b>and</b> Ticker or Trading Symbol National Vision Holdings, Inc. [ EYE ]								(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Johnson Jusun J						<u> </u>									V Dire	ctor		10% Ov	vner	
(Last)	(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 06/14/2023								Offic belo	er (give title w)		Other (s	specify	
C/O NAT	4. If Amendment, Date of Original Filed (Month/Day/Year)								6 Ir	6. Individual or Joint/Group Filing (Check Applicable										
2435 COMMERCE AVENUE, BLDG 2200					4. II Americanical, Date of Original Fried (Monta/Day/Teal)								Line	Line)						
,											X Form filed by One Reporting Person									
(Street)	•													Form filed by More than One Reporting Person						
202011 011 00000				Dula	Pulo 10hF 1(c) Transaction Indication															
	<b></b>				lixaic	Rule 10b5-1(c) Transaction Indication														
(City)	ty) (State) (Zip)				Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.															
		Table	I - No	n-Deriva	tive Se	ecur	ities	Acq	uired,	Disp	posed of	, or	Ben	eficia	lly Ow	ned				
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day								3. Transaction Code (Instr.					Secur	icially	Form (D) o	n: Direct	7. Nature of Indirect Beneficial Ownership			
					(Month/Day/Year)			8)					Follov	Following			(Instr. 4)			
									Code	v	Amount	(A (C	A) or D)	Price		ted action(s) 3 and 4)				
Common	2023				A		8,410(1		A	<b>\$0</b> <sup>(2)</sup>	2	20,671		D						
		Tab	le II -	Derivativ	ve Sec	urit	ies /	Acqu	ired, D	ispo	osed of,	or B	Bene	ficiall	y Own	ed				
				(e.g., pu											-					
1. Title of Derivative Security (Instr. 3)	tive Conversion Date Execution Date, or Exercise (Month/Day/Year) if any			4. Transaction Code (Instr. 8)		Secu Acqu (A) o Disp of (D	vative irities iired ir osed ) r. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)		te	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and		f   [	Price of Perivative Pecurity Petr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	or Nun of	ount mber ires						

## Explanation of Responses:

- 1. Represents a restricted stock unit ("RSU") grant pursuant to NVHI's non-employee director compensation policy. The RSUs vest in full on the one year anniversary of the date of grant, subject to the Reporting Person's continuous service through such vesting date.
- $2. \ Each \ RSU \ represents \ a \ contingent \ right \ to \ receive \ one \ share \ of \ NVHI \ common \ stock.$

## Remarks:

/s/ Jared Brandman, as Attorney-in-Fact 06/16/2023

\*\* 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.