FORM 4

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

OMB APPROVAL
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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 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 Ty | pe Response | s) | | | | | | | | | | | | | | | |
|---|---|----|--------------------------|--|---|-------|--------------------|--------|--------------|---|-----------------|--|---|--------------------------------------|--|--|---------------------------------------|
| 1. Name and Address of Reporting Person* Travers Paul J | | | | | 2. Issuer Name and Ticker or Trading Symbol Vuzix Corp [VUZI] | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | |
| (Last) (First) (Middle) 25 HENDRIX ROAD, SUITE A | | | | , | 3. Date of Earliest Transaction (Month/Day/Year) 03/17/2020 | | | | | | X_ Office | er (give title bel | esident and C | Other (specify be CEO | low) | | |
| (Street) | | | | 4 | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person _Form filed by More than One Reporting Person | | | | | |
| WEST HENRIETTA, NY 14586 (City) (State) (Zip) | | |) | Table I - Non-Derivative Securities Acou | | | | | | ured, Disposed of, or Beneficially Owned | | | | | | | |
| 1.Title of Security (Instr. 3) | | | Date (Month/Day/Year) | | | | Code (Instr. 8) | | | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | | Ownership Form: | Beneficial | | |
| | | | | (Month/Day/Year) | | Со | de | V | Amount | (A) or (D) | Price | | . 3 and 4) | | \ / | Ownership (Instr. 4) | |
| Common | Stock | | 03/17/202 | 20 | | | P | , | | 5,000 | A | \$ 0.969 | 8 2,631,9 | 064 | | D (1) | |
| | | | Ta | | erivative Se | | | quire | the ed, D | form dis | splays a | a curre | ently valid | OMB conf | spond unle trol numbe | | |
| | | ı | | | g., puts, cal | ls, w | arran | ts, op | tions | s, conver | tible sec | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | Year) Execution Da | ution Date, | 4. Transaction Code (Instr. 8) | | Number | | and (Mo | Date Exercisable and Expiration Date Month/Day/Year) | | An Un Sec | Fitle and nount of derlying curities str. 3 and | Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Ownersh Form of Derivativ Security: Direct (I or Indire | Beneficial Ownershij (Instr. 4) |
| | | | | | | | | | Dat Exe | - | Expiration Date | on Tit | Amount or Number of | | | | |

Reporting Owners

| | Relationships | | | | | | | |
|--|---------------|--------------|-------------------|-------|--|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | | |
| Travers Paul J 25 HENDRIX ROAD, SUITE A WEST HENRIETTA, NY 14586 | X | | President and CEO | | | | | |

Signatures

| /s/ Paul Travers | 03/19/2020 |
|---------------------------------|------------|
| **Signature of Reporting Person | Date |

Explanation of Responses:

- * 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).
- 1,761,964 shares are held directly by Mr. Travers and 870,000 shares are held by grantor retained annuity trusts as follows: 609,000 shares by Serge Turcotte as trustee of the (1) Paul Travers Annuity Trust I dated May 14, 2015, 182,700 shares by Serge Turcotte as trustee of the Paul Travers Annuity Trust II dated May 14, 2015, and 78,300 shares by Serge Turcotte as trustee of the Paul Travers Annuity Trust III dated May 14, 2015.

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.