FORM 4

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

| OMB APPR | OVAL | | | | | |
|--------------------------|--------|-----|--|--|--|--|
| OMB Number: | 3235-0 | 287 | | | | |
| Estimated average burden | | | | | | |
| hours per response | э | 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 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 | es) | | | | | | | | | | | | | | | |
|--|-------------|---------------|---|-------|---|--------|--|---|------------------|--|--|--|----------------------------------|--|-------------------|-------------------|--|
| Name and Address of Reporting Person * Lee William | | | | | 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) 2166 BRIGHTON HENRIETTA TOWNLINE ROAD | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/15/2015 | | | | | | | | r (give title belo | w) | Other (specify be | low) | |
| (Street) ROCHESTER, NY 14623 | | | | 4. If | 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 | | | | | |
| (City | ·) | (State) | (Zip) | | Table I - Non-Derivative Securities Acqu | | | | | | Acqui | ired, Disposed of, or Beneficially Owned | | | | | |
| 1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year | | Exec any | 2A. Deemed Execution Date, if any (Month/Day/Year) | | f Code (Instr. 8) | | (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | Beneficia | ially Owned Following d Transaction(s) | | Ownership Form: Direct (D) | 7. Nature of Indirect Beneficial Ownership Instr. 4) | | | |
| | | | | | | Code V | | Amount (A) or (D) | | Price | | | | (I) (Instr. 4) | (IIISII. 4) | | |
| Common | Stock | | 07/15/2015 | | | | A | 1 | 10,000 |) A | \$ 0 | 38,250 | | | D | | |
| indirectly. | | | Table II - | | ative Securiti | | quire | contai the fo | ned in rm dis | n this for splays a c of, or Bene | m are curre | e not req ently valid | uired to re d OMB cor | oformation espond unl ntrol numb | ess | C 1474 (9- 02) | |
| 1. Title of | 2. | 3. Transactio | on 3A. Deeme | | | | | 6. Dat | | | T | itle and | 8. Price of | 9. Number | of 10. | 11. Natur | |
| Derivative Security (Instr. 3) Date (Month/Day/Year) Date (Instr. 3) Date (Month/Day/Year) Execution Date, if Ocde (Instr. 8) Date (Month/Day/Year) (Month/Day/Year) Price of Derivative Security Date (Month/Day/Year) (Month/Day/Year) Date (Mon | | | | and E | d Expiration Date Ionth/Day/Year) | | Ame Und Secu | ount of lerlying urities tr. 3 and | | Derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4) | Ownersh Form of Derivativ Security: Direct (Dor Indire | of Indirect Beneficia Ownershi (Instr. 4) | | | | | |
| | | | | | Code V | (A) | (D) | Date Exerci | isable | Expiration Date | Title | Amount or Number of Shares | | | | | |

Reporting Owners

| Describe Occupanting / Address | Relationships | | | | | | |
|---|---------------|-----------|---------|-------|--|--|--|
| Reporting Owner Name / Address | | 10% Owner | Officer | Other | | | |
| Lee William 2166 BRIGHTON HENRIETTA TOWNLINE ROAD ROCHESTER, NY 14623 | X | | | | | | |

Signatures

| /s/ Grant Russell, as attorney-in-fact for William J. Lee | 07/16/2015 |
|---|------------|
| 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).

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.