FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| 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* Messick Dale E | | | | | | | 2. Issuer Name and Ticker or Trading Symbol LUNA INNOVATIONS INC [LUNA] | | | | | | | | | tionship of Reportinç all applicable) Director Officer (give title | | on(s) to Issu 10% Ow Other (s | ner |
|---|---|--|--|------|------------------------------|---|--|---|---------------------|---|---------------------|---|------------------------------|---------|---|---|---|--|--|
| (Last) (First) (Middle) C/O LUNA INNOVATIONS INCORPORATED 301 1ST STREET, SW, SUITE 200 | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/15/2019 | | | | | | | | | Chief Financial Officer | | | | |
| (Street) ROANOKE VA 24011 | | | | | _ 4. _ | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | dividual or Joint/Group Filing (Check Applicable) K Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | | |
| Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | nsactio | on | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Trans Code | 3. Transaction Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | | 5. Amoun Securities Beneficia Owned For Reported | s lly ollowing | Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | | | | v | Amount (A) or (D) | | or Pri | се | Transacti (Instr. 3 a | tion(s) | | | Instr. 4) |
| Common Stock 02/15 | | | | | | 5/2019 | | | М | | 34,531 A \$ | | 1.68 | 295,864 | | D | | | |
| Common Stock 02/15 | | | | | | /2019 | | | М | | 100,000 | | 1 \$ | 51.7 | 395,864 | | | D | |
| Common | Stock | | | 02/ | 15/20 | 19 | | | F | | 71,03 | 32 I | \$ | 3.21 | 324 | 832 | D | | |
| | | | Table II - | | | | | | | | osed of, onverti | | | | wned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution D if any (Month/Day/ | ate, | 4. Transa Code (8) | | Deri Secu Acqu or D of (E | Number of 6. Date Exerciserivative Expiration | | Date Exercisable and kpiration Date lonth/Day/Year) 7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4) | | | ities ng re Securi | | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficia Owned Following Reported | e s illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | expiration Date | Title | Amou or Numb of Sha | er | | Transaction (Instr. 4) | on(s) | | |
| Common Stock Option (Right to Buy) | \$1.68 | 02/15/2019 | | | М | | | 34,531 | 02/28/20 | 16 0 | 2/28/2022 | Commor Stock | 34,5 | 31 | \$0 | 0 | | D | |
| Common Stock Option (Right to Buy) | \$1.7 | 02/15/2019 | | | М | | | 100,000 | 02/24/20 | 13 0 | 2/24/2019 | Commor Stock | 100,0 | 000 | \$0 | 0 | | D | |

Explanation of Responses:

Remarks:

/s/ Scott A. Graeff, Attorney-In-02/20/2019 **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.