FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

	OMB APP	POVAL						
	OMB Number:	3235-0287						
	Estimated average burden							
- 1	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

1. Name and Address of Reporting Person* VITALE MARY BETH			2. Issuer Name and Ticker or Trading Symbol LUNA INNOVATIONS INC [LUNA]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
VITALE MARY BETH												X Directo	r		10% Ow	ner	
(Last)	(Fi	irst)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year)					\dashv	Officer below)	(give title		Other (s below)	pecify		
C/O LUN	NA INNOV	ATIONS INCOF	RPORATED	108	05/11/2020												
301 1ST	STREET, S	SW, SUITE 200		_							_						
				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)													X Form fi	led by One	Repo	rting Persor	ı
ROANO	KE V	A	24011										Form fi	led by Mor	e than	One Repor	ting
-													Person				
(City)	(S	tate)	(Zip)														
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
Date			Transactio te onth/Day/Y	Execution Date,		Date,	3. Transaction Code (Instr. 8) 4. Securities Acqui Disposed Of (D) (In 5)				Securitie Beneficia Owned F	5. Amount of Securities Beneficially Owned Following		Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
							Code V	Amo	ount	(A) or (D)	Price	Reported Transact (Instr. 3 a	ion(s)			(Instr. 4)	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																
			(e.ç	g., puts	, call	ls, warra	ınts,	options	, conv	ertik	le secu	rities) ์					
Security or Exercise (Month/Day/Year) if any		Execution Date	Code	ransaction Derivative Sode (Instr. Securities		re s I (A) sed str.	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)	Ownership Form:	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Code	v	(A)	(D)	Date Exercisable	Expira Date	ation	Title	Amount or Number of Shares		(Instr. 4)	J.1(J)		
Stock Units	(1)	05/11/2020		A		5,326 ⁽²⁾		(3)	(3)	Common Stock	5,326	\$7.04	14,149.	56	D	

Explanation of Responses:

- 1. Consists of stock units that are convertible into issuer's common stock on a 1-for-1 basis.
- 2. This grant was awarded in connection with Ms. Vitale's service as a member of the board of directors, pursuant to the issuer's non-employee director compensation policy. The number of stock units awarded is equal to the amount of \$37,500 divided by \$7.04, the closing price of the issuer's stock on the Nasdaq Capital Market on May 11, 2020, the date of grant.
- 3. The stock units vest upon the earlier of the one year anniversary of the grant date or the issuer's annual meeting of stockholder's, and subject to vesting, will become issuable in common stock of the issuer at the election of the Reporting Person upon the earliest to occur of the Reporting Person's termination of service, a change in control of the issuer, an unforeseeable emergency, or a fixed date selected by the Reporting Person. The stock units have no expiration date.

Remarks:

/s/ Scott A. Graeff, Attorney-

05/13/2020

** 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.