FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours por 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

| Name and Address of Reporting Person* Graeff Scott A | | | | LUN | 2. Issuer Name and Ticker or Trading Symbol LUNA INNOVATIONS INC [LUNA] | | | | | | | | | ck all appl Direct | icable) or | ng Pe | erson(s) to Is | wner | |
|--|--|--|--|----------|--|---|---------|------------------|--|--|---|-----------------|---|--|-----------------|--|--|--|---|
| (Last) | (Fi | rst) (| Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/27/2007 | | | | | | | | X | Office below | r (give title) | | Other (below) | specify |
| C/O LUNA INNOVATIONS INCORPORATED | | | | | | | | | | | | | | | C | СО | | | |
| 1703 S. JEFFERSON STREET SW, SUITE 400 | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) | | | | | | | | | | | | | | X | Form | iled by One | Rep | orting Perso | on |
| ROANOKE VA 24016 | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | | |
| | | Tab | le I - N | on-Deriv | ative S | Sec | urities | Ac | quired, D | isp | osed o | of, or Be | enefic | iall | y Owne | d | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day) | | | | | | Execution Date, | | | Code (Ins | Transaction Disposed Of (D) (Instr. and 5) | | | | 3, 4 Securi Benefi Owned | | ties Fo cially (D | | m: Direct or rect (I) | 7. Nature of Indirect Beneficial Ownership |
| | | | | | Code | | | | v | Amoun | Amount (A) or (D) | | ice | | | | tr. 4) | (Instr. 4) | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deer Execution if any (Month/ | on Date, | 4. Transact Code (In 8) | | | ive ies ed | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 5 and 4) | | 5 (| B. Price of Derivative Security Instr. 5) | Beneficial | Owne Form Director Ind (I) (In: | Ownership Form: Direct (D) or Indirect (I) (Instr. | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisable | Ex | piration te | Title | Amou or Numb of Share | er | | | | | |
| Stock Option (right to buy) | \$3.69 | 02/27/2007 | | | A | | 10,000 | | (1) | 02/ | /27/2017 | Common Stock | 10,00 | 00 | (2) | 10,000 | | D | |

Explanation of Responses:

1. Options become exercisable as follows: 40% on the two year anniversary of the grant date and the remaining 60% pro-rata on a monthly basis for 36 months thereafter, subject to the reporting person continuing to be a service provider on such dates. Vesting of such options is also subject to acceleration upon certain events as set forth in the reporting person's employment agreement with the issuer.

2. Not applicable.

Aaron S. Hullman, attorney-infact 03/01/2007

** 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.