FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APP	ROVAL							
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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

1. Name and Address of Reporting Person* <u>Carilion Clinic</u>						2. Issuer Name and Ticker or Trading Symbol LUNA INNOVATIONS INC [LUNA]									theck all a	hip of Reportir pplicable) ector	Ü	X 10% O	wner
(Last) (First) (Middle) C/O LUNA INNOVATIONS INCORPORATED				ED		3. Date of Earliest Transaction (Month/Day/Year) 07/16/2019										ficer (give title low)		Other (below)	(specify
301 1ST STREET SW, SUITE 200 (Street) ROANOKE VA 24011 (City) (State) (Zip)				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tabl	e I - No	n-Deriv	ative	Se	curitie	s Ac	quired,	Dis	posed o	f, or	Bene	eficia	lly Ow	ned			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4)				d Sec Ber Owi	mount of urities eficially ned Following orted	Forn (D) c	wnership m: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership				
									Code	v	Amount	(A (C	() or ()	Price	Trai	orted isaction(s) tr. 3 and 4)			(Instr. 4)
Common Stock 07/16/				/2019	2019		S		17,300)	D	\$5.0	2(1)	2,147,030		D			
Common Stock 07/17/2				2019		S		2,835		D	\$	5 2	2,144,195		D				
	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)	Conversion	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	n Date,	4. Transactic Code (Ins 8)				Expiration	6. Date Exercisa Expiration Date (Month/Day/Yea		7. Title and Amount of Securities Underlying Derivative Security (Instrand 4)			8. Price of Derivativ Security (Instr. 5)		, E	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	or	ount nber res					

Explanation of Responses:

1. Price reflected is a weighted-average sale price for the shares sold. The range of sales prices for the transaction reported was \$5.00 -\$5.11 per share, inclusive. The reporting person undertakes to provide upon request of the staff, the issuer, or a security holder of the issuer, full information regarding the number of shares sold at each price.

Remarks:

/s/ Robert Vaughan, Treasurer, Carilion Clinic

07/18/2019

** Signature of Reporting Person

Data

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.