SEC Form 4	
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# FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

OMB APPROVAL									
OMB Number:	3235-0287								
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1	dress of Reporting	Person*	2. Issuer Name and Ticker or Trading Symbol LUNA INNOVATIONS INC [ LUNA ]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
	Carilion Clinic			Director X 10% Owner				
		(Middle) INCORPORATED	3. Date of Earliest Transaction (Month/Day/Year) 08/14/2019	Officer (give title Other (specify below) below)				
301 1ST STREET SW, SUITE 200		'E 200	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line)				
(Street) ROANOKE	VA	24011	_	X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(State)	(Zip)						

## Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr.					5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(1150. 4)
Common Stock	08/14/2019		S		23,336	D	<b>\$5.62</b> <sup>(1)</sup>	1,720,299	D	
Common Stock	08/15/2019		S		55,969	D	<b>\$5.57</b> <sup>(2)</sup>	1,664,330	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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code ( 8)		of Expiration I Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) Date		6. Date Exerc Expiration Da (Month/Day/Y	ate	e and 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)			9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v			Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

#### 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 \$5.50 - \$5.66 per share, inclusive. The reporting person is undertaken to provide upon request of the staff, the issuer, or a secondary holder of the issuer, full information regarding the number of shares sold at each price.

2. Price reflected is a weighted-average sale price for the shares sold. The range of sales prices for the transaction reported was \$5.50 - \$5.65 per share, inclusive. The reporting person is undertaken to provide upon request of the staff, the issuer, or a secondary holder of the issuer, full information regarding the number of shares sold at each price.

### **Remarks:**

### <u>/s/ David S. Hagadorn</u>, Assistant Treasurer, Carilion

Clinic

<u>rer, Carilion</u>

\*\* Signature of Reporting Person Date

08/16/2019

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.