FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

l	OMB APPRO	VAL
	OMB Number:	3235-0287
l	Estimated average burde	en
l	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).

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* Carilion Clinic							2. Issuer Name and Ticker or Trading Symbol LUNA INNOVATIONS INC [LUNA]										Relationship of Reporting Person(s) to Issue (Check all applicable) Director X 10% Owner Officer (give title Other (spe					
(Last) (First) (Middle) C/O LUNA INNOVATIONS INCORPORATED						3. Date of Earliest Transaction (Month/Day/Year) 07/18/2019											micer (elow)	(give title		below)	specify	
301 1ST STREET SW, SUITE 200 (Street) ROANOKE VA 24011						4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(Sta	ate) (2	Zip)														CISOII					
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																						
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da						Execution Date,			Co	Transaction Disposed Of (D) (Instance Code (Instr. 5)						nd Se Be Ov	5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
										de V		Amount	(4	A) or D)	Price	Tra	nsacti	saction(s) r. 3 and 4)			(Instr. 4)	
Common Stock 07/18/							2019			S		17,19	6	D	\$5	(1)	2,126,999		D			
Common Stock 07/19/										S		30,20	8	D	\$5	(2)	2,096,791		D			
		Та	ble II - D									sed of, onvertib				y Own	ed					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Dat if any (Month/Day/Ye	Date,	4. Transactic Code (Ins				Expir	te Exer ration D th/Day/	ate		7. Title and Amount of Securities Underlying Derivative Security (Instr and 4)			8. Price Derivati Security (Instr. 5)	ve de / Se) Be Ov Fo Re Tr	Number of erivative ecurities eneficially wned ollowing eported ransaction(nstr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	m: ect (D) ndirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
	Code		v	(A)	(D)				xpiration vate	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 \$5.00 \$5.02 per share, inclusive. The reporting person undertakes 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 \$5.00 \$5.01 per share, inclusive. The reporting person undertakes 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:

/s/ David S. Hagadorn,

Assistant Treasurer, Carilion

Clinic

** Signature of Reporting Person Date

07/22/2019

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.