SEC For	m 4 FORM	4	UNITE) STA	TES	s se	ECURI	TIE	S AN	DE	XCHAI	NGE C	OMI	MIS	SION				
							W	ashin	gton, D.C	. 205	549					OMB APPROVAL			
Section 16. Form 4 or Form 5 obligations may continue. See						NT OF CHANGES IN BENEFICIAL OWNE d pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940									liP	Estim		er: verage burde sponse:	3235-0287 n 0.5
1. Name and Address of Reporting Person* <u>PHELPS BARRY</u>						2. Issuer Name and Ticker or Trading Symbol <u>LUNA INNOVATIONS INC</u> [LUNA]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				vner
(Last) (First) (Middle) C/O LUNA INNOVATIONS INCORPORATED 301 1ST STREET SW, SUITE 200						3. Date of Earliest Transaction (Month/Day/Year) 05/11/2021								Officer (give title Other (specify below) below)					specify
(Street) ROANOKE VA 24011					4. If	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) (State) (Zip)						tive Securities Acquired, Disposed of, or Benefic									<u> </u>				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					action	ction 2A. Deemed Execution Date		d Date,	3. Transaction Code (Instr		4. Securities Acquired (A) Disposed Of (D) (Instr. 3,		ed (A) o) or 5. Amou 4 and Securitie Benefici Owned F		nt of 6. (es Foi ally (D) Following (I)		: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) or (D)	Pric	e	Reported Transacti (Instr. 3 a	ion(s)			(Instr. 4)
			Table II -								osed of, convertit				wned				
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. Transaction Code (Instr. 8)				6. Date Exerci Expiration Da (Month/Day/Yo		te	7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		D S (1	Derivative Security Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)
				C	Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amou or Numb of Share	er		Transaction(s) (Instr. 4)			
Stock	(1)	05/11/2021			A		3,384 ⁽²⁾		(3)		(3)	Common	3,38	4	\$11.08	66,490	.67	D	

Explanation of Responses:

1. Stock Units are convertible into issuer's common stock on a 1-for-1 basis.

2. This grant was awarded in connection with Mr. Phelps's service 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 \$37,500 divided by \$11.08, the closing price of the issuer's stock on the Nasdaq Capital Market on May 11, 2021, 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 stockholders 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:

Units

/s/ Scott A. Graeff, Attorney-

Stock

In-Fact

05/13/2021

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 \ast 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.