FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

l	OIVID APPROVAL										
	OMB Number:	3235-0287									
l	Estimated average burder	n									

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

1. Name and Address of Reporting Person* <u>Carilion Clinic</u>				2. Issuer Name <b>and</b> Ticker or Trading Symbol  LUNA INNOVATIONS INC [ LUNA ]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director X 10% Owner					
(Last) (First) (Middle) C/O LUNA INNOVATIONS INCORPORATED					3. Date of Earliest Transaction (Month/Day/Year) 04/26/2018										Officer ( below)	give title		Other (s below)	pecify
301 1ST STREET SW, SUITE 200					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable					
(Street) ROANOKE VA 24011												Line	Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(S	tate)	(Zip)																
		Ta	ble I - Non-	Derivati	ve Se	curi	ities Ac	qui	ired, C	Disp	osed c	f, or	Ben	eficially	Owned				
Date				2. Transacti Date (Month/Day/	Executio Day/Year) if any		cution Date,		Transaction Disp Code (Instr.			ecurities Acquired (A) posed Of (D) (Instr. 3, 4			Beneficia Owned Fe	rities ficially ed Following		: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership
								[	Code	v	Amount		(A) or (D)	Price	Reported Transacti (Instr. 3 a	on(s)			(Instr. 4)
Common Stock 04/26					6/2018			X		118,017 A		\$2.5	2,164,330			D			
			Table II - D (e	erivative e.g., puts											Owned				
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	Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisa Expiration Date (Month/Day/Year		of S Und Dei		7. Title and Amour of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio	e s Ily	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exe	e ercisable		xpiration ate	Title		Amount or Number of Shares		(Instr. 4)	on(ə)		
Warrant (right to	\$2.5	04/26/2018		X			118,017		(1)	12	2/31/2020	Com		118,017	\$0	237,98	33	D	

## Explanation of Responses:

1. Immediately exercisable.

## Remarks:

/s/ Robert Vaughan, Treasurer, Carilion Clinic

04/30/2018

\*\* 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.