SEC Form 4

**FORM 4**

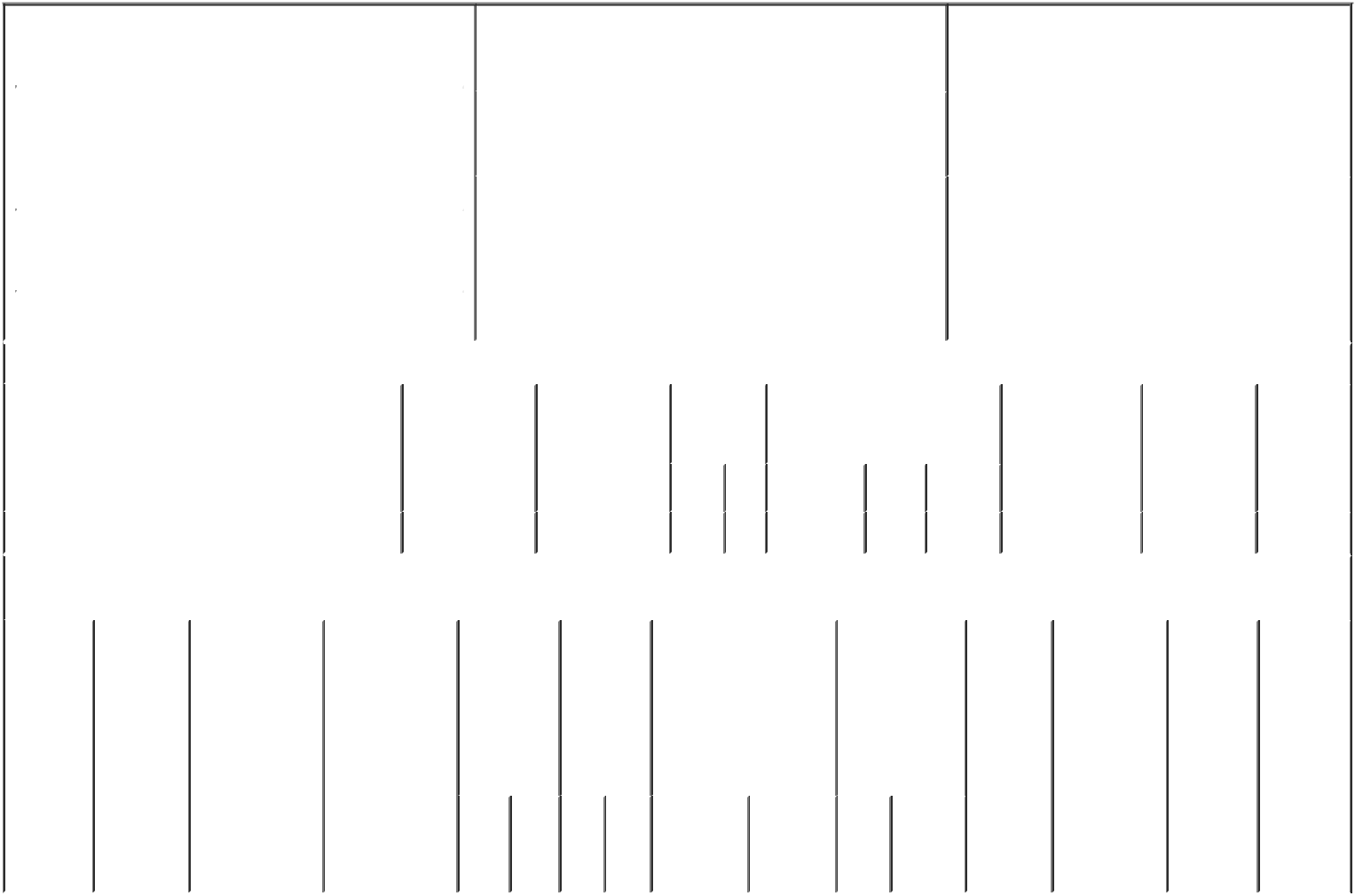
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).



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| **UNITED STATES SECURITIES AND EXCHANGE COMMISSION** |  |  |  |  |  |
| Washington, D.C. 20549 |  |  |  |  |  |
|  | OMB APPROVAL | | |  |
|  |  |  |
| **STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP** |  |  |  |  |  |
|  | OMB Number: | 3235-0287 |  |  |
|  | Estimated average burden | | |  |
|  |  |  |
| Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 |  | hours per response: | 0.5 |  |  |
|  |  |  |  |  |
|  |  |  |  |  |



or Section 30(h) of the Investment Company Act of 1940



|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | 1. Name and Address of Reporting Person\* | | | | | | | |  |  | 2. Issuer Name **and** Ticker or Trading Symbol | | | | | | | | |  |  |  | 5. Relationship of Reporting Person(s) to Issuer | | | | | | | | | | | |  |
|  |  | [Carilion Clinic](http://www.sec.gov/cgi-bin/browse-edgar?action=getcompany&CIK=0001363589) | | | |  |  |  |  |  | [LUNA INNOVATIONS INC](http://www.sec.gov/cgi-bin/browse-edgar?action=getcompany&CIK=0001239819) [ LUNA ] | | | | | | | | | |  |  | (Check all applicable) | | | | | | | |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |  | 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | | |  |  |  |  |  |  |  |
|  |  | (Last) |  | (First) | | | (Middle) | |  |  |  |  |  |  |  |  | below) | | |  |  |  | below) |  |  |  |
|  |  | C/O LUNA INNOVATIONS INCORPORATED | | | | | | | 05/03/2018 | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | |  |  | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | | | | | | |  |
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|  | (Street) | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | X Form filed by One Reporting Person | | | | | | | | | |  |
|  |  | ROANOKE | | VA | |  | 24011 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Form filed by More than One Reporting | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Person | | |  |  |  |  |  |  |  |
|  |  | (City) |  | (State) | | | (Zip) | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  | **Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned** | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |
|  |  |  | | |  | |  |  | | |  |  | |  |  |  |  |  |  | | |  | |  |  |  | |  | |  |  |  |  |  |  |
|  | **1. Title of Security (Instr. 3)** | | | | | | **2. Transaction** | | | | | **2A. Deemed** | | **3.** | |  | **4. Securities Acquired (A) or** | | | | | | | |  | **5. Amount of** | | | | | **6. Ownership** | | **7. Nature** | |  |
|  |  |  |  |  |  |  | **Date** | |  |  |  | **Execution Date,** | |  | **Transaction** | | **Disposed Of (D) (Instr. 3, 4 and** | | | | | | | | | **Securities** | | |  |  | **Form: Direct** | | **of Indirect** | |  |
|  |  |  |  |  |  |  | **(Month/Day/Year)** | | | | | **if any** | |  | **Code (Instr.** | | **5)** | |  |  |  |  |  |  |  | **Beneficially** | | | | | **(D) or Indirect** | | **Beneficial** | |  |
|  |  |  |  |  |  |  |  |  |  |  |  | **(Month/Day/Year) 8)** | | | |  |  |  |  |  |  |  |  |  |  | **Owned Following** | | | | | **(I) (Instr. 4)** | | **Ownership** | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **Reported** | | |  |  |  |  | **(Instr. 4)** | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **Code V** |  | **Amount** | | | **(A) or** | **Price** | | | |  | **Transaction(s)** | | | | |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **(D)** |  | **(Instr. 3 and 4)** | | | | |  |  |  |  |  |
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|  | Common Stock | | |  |  |  | 05/03/2018 | | | | |  |  |  | S |  | 3,900 | | | D | $3.4 | | | | | 2,140,052 | | | | |  | D |  |  |  |
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|  |  |  |  |  |  | **Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned** | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | **(e.g., puts, calls, warrants, options, convertible securities)** | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  | |  |  |  |  | | | |  |  |  |  |  |  |  |  | |  |  | |  |  |  |  |  |  |
|  | **1. Title of** | | **2.** |  |  | **3. Transaction** | **3A. Deemed** | | **4.** | |  |  | **5. Number** | **6. Date Exercisable and** | | | | | | **7. Title and** |  |  |  |  | **8. Price of** | | **9. Number of** | | | | **10.** | | **11. Nature** | |  |
|  | **Derivative** | | **Conversion** | | | **Date** | **Execution Date,** | | **Transaction** | | | | **of** | **Expiration Date** | | |  |  |  | **Amount of** |  |  |  |  | **Derivative** | | **derivative** | | | | **Ownership** | | **of Indirect** | |  |
|  | **Security** | | **or Exercise** | | | **(Month/Day/Year)** | **if any** | | **Code (Instr.** | | | | **Derivative** | **(Month/Day/Year)** | | | | | | **Securities** |  |  |  |  | **Security** | | **Securities** | | | | **Form:** | | **Beneficial** | |  |
|  | **(Instr. 3)** | | **Price of** |  |  |  | **(Month/Day/Year)** | | **8)** | |  |  | **Securities** |  |  |  |  |  |  | **Underlying** |  |  |  |  | **(Instr. 5)** | | **Beneficially** | | | | **Direct (D)** | | **Ownership** | |  |
|  |  |  | **Derivative** | | |  |  |  |  |  |  |  | **Acquired** |  |  |  |  |  |  | **Derivative** |  |  |  |  |  |  | **Owned** | | | | **or Indirect** | | **(Instr. 4)** | |  |
|  |  |  | **Security** |  |  |  |  |  |  |  |  |  | **(A) or** |  |  |  |  |  |  | **Security (Instr. 3** | | | | |  |  | **Following** | | | | **(I) (Instr. 4)** | |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  | **Disposed** |  |  |  |  |  |  | **and 4)** |  |  |  |  |  |  | **Reported** | | | |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  | **of (D)** |  |  |  |  |  |  |  |  |  |  |  |  |  | **Transaction(s)** | | | | | |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  | **(Instr. 3, 4** |  |  |  |  |  |  |  |  |  |  |  |  |  | **(Instr. 4)** | | | |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  | **and 5)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **Amount** | | | | |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **or** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **Number** | | | | |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  | **Date** | | **Expiration** | | | | **of** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | **Code V** | | |  | **(A) (D)** | **Exercisable** | | **Date** | | | | **Title Shares** | | | | |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **Explanation of Responses:** | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **Remarks:** | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | /s/ Robert Vaughan,Treasurer, | | | | | | | | | | 05/07/2018 | | | |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Carilion Clinic | | |  | | |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | \*\* 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.**