## FORM 5

Check this box if no longer subject to

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	$D \subset$	205/10
wasiiiigton,	D.C.	20549

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL

**OWNERSHIP** 

Washington,	D.C.	20549

OMB APP	ROVAL
OMB Number:	3235-0

362 Estimated average burden hours per response: 1.0

Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

FUIII 3	Holaings Repo	neu.																=
Form 4	Transactions R	eported.	File	ed pursuant to or Sectior					ities Excha									
1. Name and Address of Reporting Person*  Murphy Edward G				2. Issuer Name and Ticker or Trading Symbol  LUNA INNOVATIONS INC [ LUNA ]						Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director X 10% Owner								
(Last) (First) (Middle) C/O LUNA INNOVATIONS INCORPORATED					3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2006					/Year)	Officer (give title Other (specify below) below)							
1703 S. JEFFERSON STREET, SW SUITE 400  (Street)  ROANOKE VA 24016			4. If Amen	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)															
		Tabl	e I - Non-Deriv	ative Sec	uritie	es Ac	quire	ed, Di	sposed	of, or	Benefic	ially	y Owne	ed				
1. Title of Se	curity (Instr. 3	)	2. Transaction Date (Month/Day/Year)	if any	Execution Date, if any Code (		4. Securities Acquire of (D) (Instr. 3, 4 and e (Instr.			or Dispose	d	Securities Beneficially		6. Ownership Form: Direct		7. Nature of Indirect Beneficial		
			(Month/Day/	(Month/Day/Year)		8)		Amount		Price		Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)		(D) or Indirect (I) (Instr. 4)		Ownership (Instr. 4)		
Common Stock 11/28/2006		Α			127		A	\$3.95	95 0		0	D						
Common	Common Stock 1		11/28/2006			J		127(1)		D	\$0	)		0		D		
Common Stock												2,228,325		I		Shares owned b Carilion Clinic (formerl Carilion Health System)	<b>y</b>	
		Та	ble II - Derivat (e.g., p	ive Secur uts, calls,		-				-		-	Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Conversion Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) Price of Perivative Security Execution Date, if any (Month/Day/Year) (Month/Day/Year) (Month/Day/Year)		of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			te Exercisable and ation Date th/Day/Year)  Expiration isable Date		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)  Amou or Numb of		nt		9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	Ownersh Form: Direct (D or Indire (I) (Instr.		Benefi Owner t (Instr.	irect icial rship	

## **Explanation of Responses:**

1. Shares were transfered to Carilion Clinic (formerly Carilion Health System). The reporting person is the President and Chief Executive Officer of Carilion Clinic.

Aaron S. Hullman, attorney-in-

02/14/2007

<u>fact</u>

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.

(A) (D)