SEC Form 3

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL

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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 [*] Carilion Health System	2. Date of Event Requiring Statement (Month/Day/Year) 06/02/2006		3. Issuer Name and Ticker or Trading Symbol <u>LUNA INNOVATIONS INC</u> [LUNA]				
(Last) (First) (Middle) C/O LUNA INNOVATIONS INCORPORATED 2851 COMMERCE STREET (Street)			4. Relationship of Reporting Perso (Check all applicable) Director X Officer (give title below)		r cify 6. Ir	nth/Day/Year) dividual or Joint licable Line) G Form filed by	te of Original Filed /Group Filing (Check / One Reporting Person / More than One
BLACKSBURG VA 24060						Reporting Pe	
(City) (State) (Zip)							
Table I - Non-Derivative Securities Beneficially Owned							
1. Title of Security (Instr. 4)			2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownershi Form: Direc or Indirect ((Instr. 5)	t (D) (Insti	4. Nature of Indirect Beneficial Ownership (Instr. 5)	
Common Stock			2,228,198	D			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)							
1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4		4. Conversior or Exercise Price of		6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Derivative Security	or Indirect (D) or Indirect (I) (Instr. 5)	
Senior Convertible Promissory Notes	12/30/2009	12/30/2012	Common Stock	1,065,736	4.6916	D	

Explanation of Responses:

<u>/s/ Aaron S. Hullman, Esq.,</u> <u>Attorney-in-Fact</u>

06/02/2006

** 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 5 (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.