Instruction 1(b)

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

washington,	D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

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

Name and Address of Reporting Person*			2. Issuer Name and Ticker or Trading Symbol LUNA INNOVATIONS INC [ LUNA ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
Graeff Scott A			-	EDITI INTO VITTO INC. [ LONA ]							V Director	r		10% Ow	ner			
(Last)	(Fi	rst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 01/22/2024							7	below)	(give title		Other (s below)	pecify
C/O LUNA INNOVATIONS INCORPORATED											Chief Executive Officer							
301 1ST STREET, SW, SUITE 200			4. I	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable Line)								
(Street)														K Form fi	led by One	Repo	rting Persor	
ROANO	KE VA	<b>A</b> :	24011											Form fi Person		e than	One Report	ting
(City)	(St	tate)	(Zip)		Rı	Rule 10b5-1(c) Transaction Indication												
						Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.							to					
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
1. Title of Security (Instr. 3)  2. Transa Date (Month/D				Execution Date,		Transaction Disposed (		ties Acquired (A) or I Of (D) (Instr. 3, 4 and		5. Amount of Securities Beneficially Owned Following		Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
							Code	Am	mount	(A) or (D)	Price	Reported Transact (Instr. 3 a	tion(s)		[	(Instr. 4)		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of 2. 3. Transaction Date Execution Date, Conversion Security or Exercise (Month/Day/Year)		4. Transa	ransaction of ode (Instr. Derivative		Expiration Date of Securit (Month/Day/Year) of Securit Underlyin Derivative		7. Title and of Securiti Underlying Derivative (Instr. 3 and	d Amount es g Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)					
					Code	v	(A)	(D)	Date Exercisable	Expir Date	ration	Title	Amount or Number of Shares					
Stock Units	(1)	01/22/2024			A		82,090		(2)	(3	(3)	Common Stock	82,090	\$0	82,090	)	D	

## Explanation of Responses:

- 1. Each stock unit represents the contingent right to receive one share of common stock of the Issuer.
- 2. The stock units vest in three equal annual installments from January 22, 2024, subject to the Reporting Person's continued service with the Company as of each vesting date. Subject to vesting, the stock units 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, death, disability, an unforeseeable financial emergency, or a fixed date selected by the Reporting Person.
- 3. The stock units have no expiration date.

## Remarks:

/s/ Scott A. Graeff

01/24/2024

\*\* 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.