FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	OMB APPF	ROVAL
	OMB Number:	3235-0287
l	Estimated average bu	ırden
l	hours per response:	0.5

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP hours per response: Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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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)						
													Dire	ector	}	X 10% C	)wner		
(Last) (First) (Middle) C/O LUNA INNOVATIONS INCORPORATED					3. Date of Earliest Transaction (Month/Day/Year) 05/08/2018									Offi bel	cer (give title ow)		Other below)	(specify	
301 1ST STREET SW, SUITE 200				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) ROANOKE VA 24011														X Form filed by One Reporting Person					
														Form filed by More than One Reporting Person					
(City)	(St	ate) (	Zip)																
		Tabl	e I - No	n-Deriv	ative	Se	curiti	es Acc	quired,	Dis	posed o	f, o	r Ben	efici	ally Owr	ed			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)				Execution Date,		Code (	Transaction Disposed Of (D) ( Code (Instr. 5)						6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)				
									Code	v	Amount		(A) or (D)	Price	Tran	action(s) 3 and 4)			(IIISU. 4)
Common	Stock			05/08	'2018				S		41,854	4	D	\$3.4	14 <sup>(1)</sup> 2	2,098,198		D	
Common Stock 05/09/2				/2018	2018			S		22,754 D		\$3.	.4 <sup>(2)</sup> 2,075,444			D			
		Та									sed of, onvertib				y Owne	i			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Executior if any (Month/Da	Date,	4. Transaction Code (Instr. 8)		n of		Expiration	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		str. 3	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4)	, [C	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	or Nur of	ount nber res					

## **Explanation of Responses:**

- 1. Price reflected is a weighted-average sale price for shares sold. The range of sale prices for the transactions reported was \$3.40 to \$3.46 per share, inclusive. The reporting person undertakes to provide upon request by the SEC staff, the issuer, or a security holder of the issuer, full information regarding the number of shares sold at each separate price.
- 2. Price reflected is a weighted-average sale price for shares sold. The range of sale prices for the transactions reported was \$3.40 to \$3.41 per share, inclusive. The reporting person undertakes to provide upon request by the SEC staff, the issuer, or a security holder of the issuer, full information regarding the number of shares sold at each separate price.

## Remarks:

/s/ Robert Vaughan, Treasurer,

05/10/2018

Carilion Clinic

\*\* 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.