FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

| OMB APPROVAL | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|
| OMB Number: 3235-010 | | | | | | | |
| Estimated average burden | | | | | | | |
| hours per response: | 0.5 | | | | | | |

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 Add Pastor Dona | Date of Event Requiring Staten Month/Day/Year | nent | 3. Issuer Name and Ticker or Trading Symbol LUNA INNOVATIONS INC [LUNA] | | | | | | | | | | |
|---|---|-------|--|--------------------|---|---|---|-----------------------------------|---|----|---|--|--|
| (Last) | ast) (First) (Middle) 01 1ST STREET, SW, SUITE 200 | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | 5. If Amendment, Date of Original Filed (Month/Day/Year) | | | | |
| (Street) | | | | | Officer (give title below) | | Other (spe below) | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | |
| ROANOKE | VA | 24011 | | | | | | | Form fil Reporti | | More than One erson | | |
| (City) | (State) | (Zip) | | | | | | | | | | | |
| Table I - Non-Derivative Securities Beneficially Owned | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 4) | | | | | | unt of Securities ially Owned (Instr. 4) | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | | 4. Nature of Indirect Beneficial Ownership (Instr. 5) | | | | |
| 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 Securi Underlying Derivative Securi | | ity (Instr. 4) Con or E | | ise Form: | ip | 6. Nature of Indirect Beneficial Ownership (Instr. 5) | | |
| | | | Date Exercisable | Expiratior Date | n Title | e | Amount or Number of Shares | Price of Derivativ Security | | t | | | |

Explanation of Responses:

Remarks:

No securities are beneficially owned.

/s/ Donald Pastor 05/08/2015

** Signature of Reporting Person Date

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

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.

^{*} 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).