FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|-----------|------------|---------------|------------------|

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|--|
| OMB Number: 3235-028 | | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | |

| | Check this box if no longer subject to |
|----|--|
| ٦. | Section 16. Form 4 or Form 5 obligations may continue. See |
| J | obligations may continue. See |
| | Instruction 1(b). |

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* COOL JONATHAN | | | | 2. Issuer Name and Ticker or Trading Symbol LUNA INNOVATIONS INC [LUNA] | | | | | | | heck all applic | able) r | Person(s) to Issu 10% Ov | | |
|--|--|---|-------------------|---|---|--------------|-------------------------------------|--|------------------------------|---|---|---|--|---|--|
| (Last) (First) (Middle) C/O LUNA INNOVATIONS INCORPORATED | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/12/2010 | | | | | | | Officer below) | (give title | Other (s below) | pecify | |
| 1 RIVERSIDE CIRCLE, SUITE 400 (Street) | | | 4. | 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 | | | | | |
| (City) | | tate) | 24015 (Zip) | _ | | | | | | | | Form fi Person | | than One Repor | ing |
| (City) | (3 | , | ble I - Non-D | erivati | ve Se | ecurities | s Acc | quired, D | isposed | of, or B | eneficia | lly Owned | | | |
| Date | | | th/Day/Year) if a | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | , Transaction Disposed Code (Instr. | | ired (A) or nstr. 3, 4 an | 5. Amour Securitie Beneficia Owned F Reported | s Form ally (D) o ollowing (I) (Ir | orm: Direct D) or Indirect) (Instr. 4) | 7. Nature of ndirect Beneficial Ownership | | |
| | | | | | | Code | ' Amoui | t (A) | or Price | Transacti | ion(s) | | Instr. 4) | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security | | xercise (Month/Day/Year) if any e of vative (Month/Day/ | | Code (Instr. | | Derivative I | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | of Secur Underlyi Derivativ | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | | Date Exercisable | Expiration Date | Title | Amount or Number of Share | | (Instr. 4) | | |
| Stock Option (Right to Buy) | \$4.43 | 01/12/2010 | | A | | 120,000 | | (1) | 01/12/202 | Common | 120,00 | 0 \$0 | 120,000 | D | |

Explanation of Responses:

1. One third of the option vests upon the first anniversary of the date of grant, and the remainder vests in twenty-four equal monthly installments thereafter.

This option grant reported in this Form 4 was incorrectly reported on a Form 3 filed by the reporting person on April 5, 2010.

/s/ Talfourd H. Kemper, Jr., 04/15/2011 Attorney-In-Fact

** Signature of Reporting Person

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.