FORM 4

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

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

ngton, D.C. 2	0549		OMB APPROVAL						

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL									
OMB Number:	3235-0287								
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1. Name and Address of Reporting Person* <u>Carilion Health System</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)  Director X 10% Owner					
(Last) (First) (Middle) C/O LUNA INNOVATIONS INCORPORATED						3. Date of Earliest Transaction (Month/Day/Year) 04/01/2011									Officer (give title below)					(specify
1 RIVERSIDE CIRCLE, SUITE 400				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)															X	orm filed b	y One	Repo	rting Pers	son
ROANO	KE VA	A 2	24016		-										Form filed by More than One Reporting Person					orting
(City)	(St	ate) (	Zip)																	
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)  2. Trans Date (Month/				Execu Day/Year) if any		Execution if any	Deemed ecution Date, ny onth/Day/Year)		Transaction Disposed Code (Instr. 5)		ties Acquired (A) I Of (D) (Instr. 3, 4			nd Se Be Ov	Amount of curities eneficially when Follow courted	curities neficially ned Following		nership Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A (I	A) or D)	Price	_   Tr∂	Transaction(s) (Instr. 3 and 4)				(111341. 4)
Common Stock 04,					04/01/2011				J <sup>(1)</sup>		1,667	(1) A \$2		\$2.	2,247,381		381 D			
	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)	Derivative Conversion Date Execution Date, or Exercise (Month/Day/Year) if any					ransaction of ode (Instr. Derivati		rative rities rired r osed )	6. Date E Expiratio (Month/D	n Dat		Amount of		str. 3	8. Price Derivati Security (Instr. 5	ve deriva Securi Benefi Owned Follow Repor	ities icially d ving ted action(s	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		11. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	ide V (A) (D)				Expiration Date	Amoun or Numbe of Shares		nber									

## **Explanation of Responses:**

1. Carilion Clinic received these shares in respect of Edward Murphy's attendance of meetings as a director for the first quarter of 2011. The number of shares of stock granted was calculated using the closing price of the issuer's common stock as reported on the NASDAQ Global Market on April 1, 2011, which was \$2.10.

/s/ Robert Vaughan, Assistant Treasurer, Carilion Clinic

04/05/2011

\*\* 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.