Edgar Filing: LUNA INNOVATIONS INC - Form 3/A

LUNA INNOVATIONS INC

Form 3/A

February 14, 2007

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF

OMB APPROVAL

OMB Number:

3235-0104

Expires:

January 31, 2005

0.5

Estimated average burden hours per

response...

SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting

C/O LUNA INNOVATIONS

INCORPORATED, 1703 S. JEFFERSON STREET, SW

(Street)

Person *

Murphy Edward G

(Last)

SUITE 400

(First)

(Middle)

Statement

(Month/Day/Year)

06/02/2006

2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol

LUNA INNOVATIONS INC [LUNA]

4. Relationship of Reporting

5. If Amendment, Date Original Person(s) to Issuer

Filed(Month/Day/Year)

06/02/2006

(Check all applicable)

_X__ 10% Owner _X_ Director Officer Other (give title below) (specify below)

6. Individual or Joint/Group

ROANOKE, Â VAÂ 24016

Filing(Check Applicable Line) _X_ Form filed by One Reporting

Person

Form filed by More than One

Reporting Person

(City) (State)

1. Title of Security (Instr. 4)

Common Stock

(Zip)

Table I - Non-Derivative Securities Beneficially Owned 2. Amount of Securities

Beneficially Owned (Instr. 4)

2,228,198

Ownership

4. Nature of Indirect Beneficial

Ownership (Instr. 5)

Form: Direct (D) or Indirect

(Instr. 5)

I

Shares owned by Carilion Clinic

(formerly Carilion Health

System) (1)

Reminder: Report on a separate line for each class of securities beneficially

owned directly or indirectly.

SEC 1473 (7-02)

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 control number.

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

Edgar Filing: LUNA INNOVATIONS INC - Form 3/A

1. Title of Derivative Security (Instr. 4)

Expiration Date (Month/Day/Year)

Date

Exercisable

Expiration Title

Date

2. Date Exercisable and 3. Title and Amount of Securities Underlying **Derivative Security** (Instr. 4)

Conversion or Exercise Price of Derivative Security

Ownership Form of Derivative Security: Direct (D)

or Indirect

(I) (Instr. 5) 6. Nature of Indirect Beneficial Ownership (Instr. 5)

Reporting Owners

Reporting Owner Name / Address

Relationships

Amount or

Number of

Shares

Director 10% Owner Officer Other

Murphy Edward G C/O LUNA INNOVATIONS INCORPORATED 1703 S. JEFFERSON STREET, SW SUITE 400

ROANOKE, VAÂ 24016

ÂX ÂX Â

Signatures

Aaron S. Hullman, attorney-in-fact

02/14/2007

**Signature of Reporting Person

Date

Explanation of Responses:

- 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).

These shares of Common Stock were omitted from the reporting person's original Form 3 filing. The reporting person is the President and Chief Executive Officer of Carilion Clinic (formerly Carilion Health System) and shares voting and investment power over the shares

owned by Carilion with Donald Lorton and G. Robert Vaughan, Jr., the Treasurer and Assistant Treasurer of Carilion Clinic, respectively. The number of shares beneficially held does not include \$5.0 milion aggregate principal amount of senior convertible promissory notes which convert into up to 1,065,740 shares of issuer's Common Stock or accrued interest on such notes convert which is convertable into up to an aggregate of 511,553 shares of common stock.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, See Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

Reporting Owners 2