FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, [	D.C. 205	49
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APP	ROVAL						
	OMB Number:	3235-0287						
	Estimated average burden							
-	hours nor resnance:	0.5						

Check this box if no longer subject to Section 16. Form 4 or Form 5 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

1. Name and Address of Reporting Person* HOGAN JOSEPH M						2. Issuer Name <b>and</b> Ticker or Trading Symbol ALIGN TECHNOLOGY INC [ ALGN ]									Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner						
					-									'	X Directo  Officer	r (give titl	le		Own er (spe		
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year)							below) below)									
C/O ALIGN TECHNOLOGY, INC.				12	12/31/2018										Presid	ent and	CEO				
2820 OR	CHARD PA	ARKWAY																			
(Street)					4.	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
SAN JOS	SE CA	A	95131													-	one Repo	•			
					-										Person		Nore than	one Re	portir	ng	
(City)	(S1	tate)	(Zip)																		
		Tab	le I - N	lon-Deri	vativ	e Sec	curit	ies Ad	quire	ed, D	isposed o	of, or B	enefi	cial	ly Owned						
Date		2. Transac Date (Month/Da		Execut Year) if any		a. Deemed recution Date, any onth/Day/Year)		action (Instr.	4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an		nd 5)	Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership					
								Code	v	Amount	(A) or (D)	Price		Reported Transaction (Instr. 3 and				(Instr. 4)			
Common Stock 12/31			12/31/2	2018	18		M		27,750	A	\$(	)	133,40	133,463 I		D					
Common Stock 12/31/20:			2018	18			F		14,333	D	\$209	.43	119,13	30 D							
Common Stock											1,500		I		By resident of household(1)						
				<u> </u>									<u>.</u> .						iious	Chord	
			i abie i								posed of, converti				Owned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	ansaction Execution Date, if any (Month/Day/Year) Acqui (A) or (Disposor of (D))				or	6. Date Exercisable and Expiration Date (Month/Day/Year)  7. Title and Am of Securities Underlying Derivative Sec (Instr. 3 and 4)					Derivative Security		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		Ownership of In Form: Ber Direct (D) Own		11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amo or Nun of Sha								
Restricted Stock Unit	\$0.0001 <sup>(2)</sup>	12/31/2018			M		27,750		(	3)	(3)	Common	27,	750	\$0		0	D			

## **Explanation of Responses:**

- 1. The reporting person disclaims beneficial ownership of the securities, and this report shall not be deemed an admission that the reporting person is the beneficial owner of the securities for purposes of Section 16 or for any other purpose.
- 2. Represents par value of ALGN common stock
- 3. 1/4th of the restricted stock unit granted on June 1, 2015 became vested on December 31, 2018 and shares were delivered to reporting person on such vest date.

Roger E George Atty-in-Fact 01/02/2019 for Joseph M Hogan

\*\* 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.