FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	OWB A
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
hours per response:	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

						()											
Name and Address of Reporting Person* I I I I I I I I I I I I I I I I I I I					2. Issuer Name and Ticker or Trading Symbol ALIGN TECHNOLOGY INC [ALGN]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
Henry Michael J			- ا	TELOTI TECHNOLOGI INC [MEGN]								Director		10% (Owner		
,														give title		(specify	
(Last)	(First)	(Middle)	3	3. Date of Earliest Transaction (Month/Day/Year)								below)		below)	
C/O ALIGN TECHNOLOGY, INC.					12/15/2005								VP, Info. Tech. & CIO				
881 MARTIN AVE.				-													
					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)				
(Street)												·	X Form filed by One Reporting Person				
SANTA	CLARA (CA	95050									1	Form filed by More than One Reporting				
													Person	ed by More	шап Опе кер	brung	
(City)	(State)	(Zip)														
(- 3)			(17)														
		Ta	able I - Non-De	erivati	ive S	ecuritie	s A	cquired	Dis	sposed o	f, or Bei	neficially	Owned				
1. Title of Security (Instr. 3) 2. Transaction 2A. Deemed 3. 4. Securities Acquired (A) or 5. Amount of 6. Ownership									7. Nature of								
			Dat (Mo	e inth/Day	/Year)	Execution Date r) if any		te, Transaction Disposed Code (Instr.		ed Of (D) (Instr. 3, 4 and) Securities Beneficial		orm: Direct D) or Indirect	Indirect Beneficial		
(1)			(,,,,			(Month/Day/Ye				.			Owned Fo	Owned Following (i) (In		Ownership	
					Code V Amount (A) or			. [Reported Transaction(s)			(Instr. 4)					
								Code	l۷	Amount	(D)	Price	(Instr. 3 aı				
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																
								. ,		convertit		,	Junea				
1. Title of	2.	3. Transaction	3A. Deemed	4.		5. Numbe	ar of	6 Date Ev	rercis	ahle and	7. Title an	d Amount	8. Price of	9. Number	of 10.	11. Nature	
Derivative Conversion Date Execution			tive Conversion Date Execution Date, Tra		ansaction Derivative Expiration Date of Securities					ies	Derivative	derivative	Ownersh	ip of Indirect			
Security (Instr. 3)			Code (de (Instr. Securities Acquired (A)		(Month/Day/Year) Underlying Derivative Secu				Security (Instr. 5)	Securities Beneficially	Form: Direct (D	Beneficial) Ownership				
(Derivative		("	or Disposed of (D) (Instr. 3, 4 and 5)			d (Instr. 3 and 4)				(Owned Following Reported	or Indire	ct (Instr. 4)		
	Security													(I) (Instr.	4)		
				\vdash	1 1		1 					Amount	1	Transaction(s) (Instr. 4)	n(s)		
												or		(111501. 4)			
				Code	l _v	(A)	(D)	Date Exercisat	le	Expiration Date	Title	Number of Shares					
Distance.				 		, ,	H		-] 		+	
Right to buy	* C 0	12/15/2005	12/15/2005	Ι,		225 000		40/40/555	_{c(1)}	10/10/2015	Common	225 000		225 000			
(Common	\$6.8	12/15/2005	12/15/2005	A		225,000		12/12/200	ρ(1)	12/12/2015	Stock	225,000	\$0	225,000	D		
Stock)	1		1		l						I	I	1	I		1	

Explanation of Responses:

1. Represents an option in which 1/4th of the shares subject to the option shall become vested and exercisable one year after the date of grant and 1/48th of the shares subject to the option shall become vested and exercisable each month thereafter.

Michael J. Henry

12/16/2005

** 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.