(Last)

(Street) **PRINCETON** 

(City)

14 NASSAU STREET

**Gund G Zachary** 

(First)

NJ

1. Name and Address of Reporting Person\*

(State)

(Middle)

08542

(Zip)

## FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| C. 20549 |
|----------|
|          |

| Check this box if no longer subject to |
|----------------------------------------|
| Section 16. Form 4 or Form 5           |
| obligations may continue. See          |
|                                        |

# STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden

| U obligati                                                    | n 16. Form 4 or<br>ions may contil<br>tion 1(b).                                        |                   |          | File                                    |                                                                                                                                           |                                                             |                            |                                                               |                   |                                          | ies Exchanç<br>mpany Act o                                                              |                                                                                                                                        | f 1934                                                           |                                              |                                                                                            | ll ll                          | s per res                                                          | ponse:                                                             | 0.5 |
|---------------------------------------------------------------|-----------------------------------------------------------------------------------------|-------------------|----------|-----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|----------------------------|---------------------------------------------------------------|-------------------|------------------------------------------|-----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|----------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------|--------------------------------------------------------------------|--------------------------------------------------------------------|-----|
| Name and Address of Reporting Person*     2. Issu             |                                                                                         |                   |          |                                         | or Section 30(h) of the Investment Company Act of 1940  2. Issuer Name <b>and</b> Ticker or Trading Symbol  ALIGN TECHNOLOGY INC [ ALGN ] |                                                             |                            |                                                               |                   |                                          |                                                                                         | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner                                            |                                                                  |                                              |                                                                                            | Owner                          |                                                                    |                                                                    |     |
| (Last) (First) (Middle) 14 NASSAU STREET                      |                                                                                         |                   |          |                                         |                                                                                                                                           | 3. Date of Earliest Transaction (Month/Day/Year) 04/27/2005 |                            |                                                               |                   |                                          |                                                                                         |                                                                                                                                        | Officer (give title X Other (specify below)  See Remarks Section |                                              |                                                                                            |                                |                                                                    |                                                                    |     |
| (Street) PRINCE                                               | Street) PRINCETON NJ 08542                                                              |                   |          |                                         | . If Amendment, Date of Original Filed (Month/Day/Year)                                                                                   |                                                             |                            |                                                               |                   |                                          |                                                                                         | 6. Individual or Joint/Group Filing (Check Applicable Line)  Form filed by One Reporting Person  Form filed by More than One Reporting |                                                                  |                                              |                                                                                            |                                |                                                                    |                                                                    |     |
| (City)                                                        | (S                                                                                      | tate) (           | Zip)     |                                         |                                                                                                                                           |                                                             |                            |                                                               |                   |                                          |                                                                                         | X Person                                                                                                                               |                                                                  |                                              |                                                                                            |                                |                                                                    |                                                                    |     |
|                                                               |                                                                                         | Tabl              | e I - No | n-Deriv                                 | ative                                                                                                                                     | Sec                                                         | curitie                    | s Acc                                                         | quired            | , Dis                                    | posed o                                                                                 | f, or B                                                                                                                                | enefi                                                            | cially                                       | y Owne                                                                                     | ed                             |                                                                    |                                                                    |     |
| 1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day |                                                                                         |                   |          |                                         | Execution Da                                                                                                                              |                                                             | Date,                      | Transaction Disposed C<br>Code (Instr. 5)                     |                   | es Acquired (A) o<br>Of (D) (Instr. 3, 4 |                                                                                         | and Securit                                                                                                                            |                                                                  | es<br>ially<br>Following                     | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4)                          |                                | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4)  |                                                                    |     |
|                                                               |                                                                                         |                   |          |                                         |                                                                                                                                           |                                                             |                            |                                                               | Code              | v                                        | Amount                                                                                  | Amount (A) or (D)                                                                                                                      |                                                                  | e                                            | Transaction(s)                                                                             |                                |                                                                    |                                                                    |     |
| Common Stock                                                  |                                                                                         |                   | 04/27/   | 2005                                    |                                                                                                                                           |                                                             |                            | P                                                             |                   | 25,000                                   | A                                                                                       | A \$8.4                                                                                                                                |                                                                  | 80,300                                       |                                                                                            | ]                              |                                                                    | See<br>Footnote <sup>(1)</sup>                                     |     |
| Common Stock 04/27/2                                          |                                                                                         |                   |          | 2005                                    | 2005                                                                                                                                      |                                                             | P                          |                                                               | 25,000            | A                                        | \$8                                                                                     | 3.48                                                                                                                                   | 80                                                               | ),000                                        | ]                                                                                          |                                | See<br>Footnote <sup>(2)</sup>                                     |                                                                    |     |
| Common Stock 04/27/2000                                       |                                                                                         |                   |          | 2005                                    |                                                                                                                                           |                                                             | P                          |                                                               | 50,000 A \$8      |                                          | 3.48                                                                                    | 300,000                                                                                                                                |                                                                  |                                              |                                                                                            | See<br>Footnote <sup>(3)</sup> |                                                                    |                                                                    |     |
|                                                               |                                                                                         | Та                | ble II - | Derivat<br>(e.g., pı                    | ive S<br>uts, c                                                                                                                           | ecu<br>alls                                                 | rities <i>i</i><br>, warra | Acqui<br>ants,                                                | ired, D<br>optior | oispo                                    | osed of, o                                                                              | or Ber<br>Ie sec                                                                                                                       | neficia<br>uritie:                                               | ally (<br>s)                                 | Owned                                                                                      |                                |                                                                    |                                                                    |     |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)           | erivative   Conversion   Date   Execution Date, or Exercise   (Month/Day/Year)   if any |                   | n Date,  | 4.<br>Transaction<br>Code (Instr.<br>8) |                                                                                                                                           | n of                                                        |                            | 6. Date Exercisable ar<br>Expiration Date<br>(Month/Day/Year) |                   | te                                       | e and 7. Title and Amount of Securities Underlying Derivative Security (Instr. : and 4) |                                                                                                                                        | De<br>Se<br>(In                                                  | Price of<br>erivative<br>ecurity<br>estr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | y Di<br>or<br>(I)              | o).<br>wnership<br>orm:<br>irect (D)<br>r Indirect<br>I (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |     |
|                                                               |                                                                                         |                   |          |                                         | Code                                                                                                                                      | v                                                           | (A)                        | (D)                                                           | Date<br>Exercisa  | able                                     | Expiration<br>Date                                                                      | Title                                                                                                                                  | Amoun<br>or<br>Numbe<br>of<br>Shares                             | r                                            |                                                                                            |                                |                                                                    |                                                                    |     |
|                                                               | nd Address of                                                                           | Reporting Person* |          |                                         |                                                                                                                                           |                                                             |                            |                                                               |                   |                                          |                                                                                         |                                                                                                                                        |                                                                  |                                              |                                                                                            |                                | ·                                                                  |                                                                    |     |
| (Last) (First) (Middle) 14 NASSAU STREET                      |                                                                                         |                   |          | -                                       |                                                                                                                                           |                                                             |                            |                                                               |                   |                                          |                                                                                         |                                                                                                                                        |                                                                  |                                              |                                                                                            |                                |                                                                    |                                                                    |     |
|                                                               | ORU SIKE.                                                                               | <u> </u>          |          |                                         |                                                                                                                                           | _                                                           |                            |                                                               |                   |                                          |                                                                                         |                                                                                                                                        |                                                                  |                                              |                                                                                            |                                |                                                                    |                                                                    |     |
| (Street) PRINCETON NJ 08542                                   |                                                                                         |                   |          |                                         |                                                                                                                                           |                                                             |                            |                                                               |                   |                                          |                                                                                         |                                                                                                                                        |                                                                  |                                              |                                                                                            |                                |                                                                    |                                                                    |     |
| (City)                                                        |                                                                                         | (State)           | (Zip     | )                                       |                                                                                                                                           |                                                             |                            |                                                               |                   |                                          |                                                                                         |                                                                                                                                        |                                                                  |                                              |                                                                                            |                                |                                                                    |                                                                    |     |
| 1. Name ar                                                    |                                                                                         | Reporting Person* |          |                                         |                                                                                                                                           |                                                             |                            |                                                               |                   |                                          |                                                                                         |                                                                                                                                        |                                                                  |                                              |                                                                                            |                                |                                                                    |                                                                    |     |

| (Street) PRINCETON NJ 08542  (City) (State) (Zip)  1. Name and Address of Reporting Person*  Dent Rebecca H  (Last) (First) (Middle)  14 NASSAU STREET  (Street) PRINCETON NJ 08542  (City) (State) (Zip)  1. Name and Address of Reporting Person*  GUND GEORGE III  (Last) (First) (Middle)  14 NASSAU STREET  (Street) PRINCETON NJ 08542  (City) (State) (Zip)  1. Name and Address of Reporting Person*  Gund Llura L  (Last) (First) (Middle)  14 NASSAU STREET  (Street) PRINCETON NJ 08542  (City) (State) (Zip)  1. Name and Address of Reporting Person*  Gund Llura L  (Street) PRINCETON NJ 08542  (City) (State) (Zip)  1. Name and Address of Reporting Person* |  |  |  |  |  |  |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|
| PRINCETON NJ 08542                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |  |  |  |  |  |  |
| 1. Name and Address of Reporting Person*  Dent Rebecca H  (Last) (First) (Middle)  14 NASSAU STREET  (Street) PRINCETON NJ 08542  (City) (State) (Zip)  1. Name and Address of Reporting Person*  GUND GEORGE III  (Last) (First) (Middle)  14 NASSAU STREET  (Street) PRINCETON NJ 08542  (City) (State) (Zip)  1. Name and Address of Reporting Person*  Gund Llura L  (Last) (First) (Middle)  14 NASSAU STREET  (Street) PRINCETON NJ 08542  (City) (State) (Zip)  1. Name and Address of Reporting Person*  (Street) PRINCETON NJ 08542  (City) (State) (Zip)  1. Name and Address of Reporting Person*                                                                  |  |  |  |  |  |  |  |  |  |
| Dent Rebecca H                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |  |  |  |  |
| 14 NASSAU STREET  (Street) PRINCETON NJ 08542  (City) (State) (Zip)  1. Name and Address of Reporting Person* GUND GEORGE III  (Last) (First) (Middle)  14 NASSAU STREET  (Street) PRINCETON NJ 08542  (City) (State) (Zip)  1. Name and Address of Reporting Person* Gund Llura L  (Last) (First) (Middle)  14 NASSAU STREET  (Street) PRINCETON NJ 08542  (City) (State) (Zip)  1. Name and Address of Reporting Person*                                                                                                                                                                                                                                                    |  |  |  |  |  |  |  |  |  |
| PRINCETON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |  |
| 1. Name and Address of Reporting Person*  GUND GEORGE III  (Last) (First) (Middle)  14 NASSAU STREET  (Street) PRINCETON NJ 08542  (City) (State) (Zip)  1. Name and Address of Reporting Person*  Gund Llura L  (Last) (First) (Middle)  14 NASSAU STREET  (Street) PRINCETON NJ 08542  (City) (State) (Zip)  1. Name and Address of Reporting Person*                                                                                                                                                                                                                                                                                                                       |  |  |  |  |  |  |  |  |  |
| (Last) (First) (Middle)  14 NASSAU STREET  (Street) PRINCETON NJ 08542  (City) (State) (Zip)  1. Name and Address of Reporting Person* Gund Llura L  (Last) (First) (Middle)  14 NASSAU STREET  (Street) PRINCETON NJ 08542  (City) (State) (Zip)  1. Name and Address of Reporting Person*                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |  |  |  |  |  |  |
| 14 NASSAU STREET  (Street) PRINCETON NJ 08542  (City) (State) (Zip)  1. Name and Address of Reporting Person* Gund Llura L  (Last) (First) (Middle) 14 NASSAU STREET  (Street) PRINCETON NJ 08542  (City) (State) (Zip)  1. Name and Address of Reporting Person*                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |  |  |  |  |  |  |
| PRINCETON NJ 08542  (City) (State) (Zip)  1. Name and Address of Reporting Person*  Gund Llura L  (Last) (First) (Middle)  14 NASSAU STREET  (Street)  PRINCETON NJ 08542  (City) (State) (Zip)  1. Name and Address of Reporting Person*                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |  |
| 1. Name and Address of Reporting Person*  Gund Llura L  (Last) (First) (Middle)  14 NASSAU STREET  (Street)  PRINCETON NJ 08542  (City) (State) (Zip)  1. Name and Address of Reporting Person*                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |  |  |  |  |  |
| Gund Llura L  (Last) (First) (Middle)  14 NASSAU STREET  (Street) PRINCETON NJ 08542  (City) (State) (Zip)  1. Name and Address of Reporting Person*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |  |  |  |  |  |
| 14 NASSAU STREET  (Street) PRINCETON NJ 08542  (City) (State) (Zip)  1. Name and Address of Reporting Person*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |  |  |  |  |  |  |
| PRINCETON NJ 08542  (City) (State) (Zip)  1. Name and Address of Reporting Person*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |  |  |  |  |  |  |
| Name and Address of Reporting Person*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |  |  |  |  |  |  |
| , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |  |  |  |
| Barrows Gail                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |  |  |  |  |  |  |
| (Last) (First) (Middle) 14 NASSAU STREET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |  |  |  |  |  |  |
| (Street) PRINCETON NJ 08542                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |  |  |  |  |  |  |
| (City) (State) (Zip)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |  |  |  |  |  |
| Name and Address of Reporting Person*     Gund CLAT Investments, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |  |  |  |  |  |
| (Last) (First) (Middle) 14 NASSAU STREET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |  |  |  |  |  |  |
| (Street) PRINCETON NJ 08542                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |  |  |  |  |  |  |
| (City) (State) (Zip)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |  |  |  |  |  |
| Name and Address of Reporting Person*     Watson Richard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |  |  |  |  |  |  |
| (Last) (First) (Middle) 14 NASSAU STREET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |  |  |  |  |  |  |

| (Street) PRINCETON | NJ      | 08542 |
|--------------------|---------|-------|
| (City)             | (State) | (Zip) |

### **Explanation of Responses:**

- 1. These securities are owned by the Llura Blair Gund Gift Trust and by Grant Gund and Rebecca H. Dent, as Trustees.
- 2. These securities are owned by the Grant Owen Gund Gift Trust and by Grant Gund and Rebecca H. Dent, as Trustees.
- 3. These securities are owned by the G. Zachary Gund Descendants Trust and by G. Zachary Gund and Rebecca H. Dent, as Trustees.

#### Demarks

The Reporting Persons include Llura L. Gund, Grant Gund, G. Zachary Gund, Gordon Gund, Richard L. Watson, Rebecca H. Dent, George Gund III, Gail Barrows and Gund CLAT Investments, LLC. The Reporting Persons, in the aggregate, beneficially own 6,605,450 shares of Common Stock of the Issuer or 10.76% of the outstanding shares of the Issuer?s Common Stock. Neither the fact of this filing nor anything contained herein shall be deemed an admission by any of the Reporting Persons that a group exists within the meaning of the Securities Exchange Act of 1934, as amended.

/s/ Theodore W. Baker as Attorney in Fact 04/27/2005

\*\* 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.