FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPRO	DVAL
OMB Number:	3235-0287
Estimated average burd	len
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

								1 = 1		ı. c					5				()		
1. Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
<u>Thaler Warren S</u>						ALIGN TECHNOLOGY INC [ALGN]								1,	X	Direc	,		10% C	wner	
																Office	er (give title		Other	(specify	
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year)										belov			below)		
C/O ALIGN TECHNOLOGY, INC.							08/06/2004														
· ·																					
881 MARTIN AVE.						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
						08/09/2004									Line)						
(Street)															X Form filed by One Reporting Person						
SANTA	CLARA CA	A 9	5050												Form filed by More than One Reporting						
																Pers	on				
(City)	(St	ate) (2	Zip)																		
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
1. Title of S	Security (Inst	r. 3)		2. Trans	action	ction 2A. Deemed				3. 4. Securities Acquired (A					. [5. Amo	ount of 6.		wnership	7. Nature	
	,,,	•		Date (Month)	Day/Ve	Execution Date, if any (Month/Day/Year)			Transaction Disposed Of (D) (Instr. 3, 4 5) 8)					3, 4 a		Securi Benefi			orm: Direct	of Indirect Beneficial	
				(Wonan	Dayric										Owned		d Following (i)) (Instr. 4)	Ownership	
									Code	e V Amount		(A) or		Price			orted saction(s)			(Instr. 4)	
						Code	<u> </u>	Amount	(D) Pri		Price	(Instr.		. 3 and 4)							
Common Stock																	⁷ ,084 ⁽¹⁾		D		
		Ta	ble II - D	orivat	ivo S	0011	ritios	Λοαμί	irod Di	cno	cod of	or D	nofi	oiall	· · ·	unad					
		Id									onvertib				y Ov	viieu					
1. Title of	2.	3. Transaction	3A. Deeme	ed	4.		5. Number		6. Date Exercisable and			7. Title and			8. Pri	rice of 9. Number o		of 10.	11. Nature		
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution I if any (Month/Day	Date,	Transa					Expiration Date			Amount of Securities		Derivative Security		derivative Securities		Ownership Form:	of Indirect Beneficial	
(Instr. 3)	Price of	(MOHUI/Day/Tear)			8)	Code (Instr. 8)		Securities		(Month/Day/Year)			Underlying		(Instr. 5)		Beneficially	· D	Direct (D)	Ownership	
	Derivative Security							Acquired (A) or		Derivative Security (In and 4)							Owned Following		or Indirect (I) (Instr. 4)	(Instr. 4)	
							Disposed									Reported	- 1				
							of (D) (Instr. 3, 4									Transaction (Instr. 4)	(S)				
					and 5)																
														ount							
													or Nun	nber							
					Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	of Sha	res							

Explanation of Responses:

1. This Form 4 amendment is being filed solely to correct the total number of shares beneficially owned by the Reporting Person. There are no changes to the transactions reported on Form 4 as filed on August 9, 2004.

Warren S. Thaler

08/10/2004

** 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.