FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| CTATEMENT OF OUANIOES IN DENIETIONAL OWNEDS: UP |
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| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIF |

OMB APPROVAL OMB Number: 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* Ellis Dan Scott | | | | | | 2. Issuer Name and Ticker or Trading Symbol ALIGN TECHNOLOGY INC [ALGN] | | | | | | | | | | icable) or r (give title | ng Per | 10% O | wner |
|---|--|--|--|--------|--|---|---------------------|----------|---|----------|------------------|--|--------------------------------|-------------------------------------|--|--|---|--|--|
| | , | rst) NOLOGY, INC. | (Middle) | | | oate o | | st Trans | saction (N | lonth/l | Day/Year) | | VP, W | , | below) nd Customer Care | | Care | | |
| (Street) SANTA (City) | CLARA CA | | 95050 (Zip) | | _ 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Lin | e) X Form Form | ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | ` | • | | -Deriv | ative | Se | curitio | es Ac | auired. | Dis | posed | of. or | Ben | eficia | lly Owne | d | | | |
| 1. Title of Security (Instr. 3) | | 2. Trans Date | 2. Transaction | | 2A. Deemed Execution Date if any (Month/Day/Yea | | 3. Trans Code | action | 4. Secu | rities A | cquired | l (A) or | 5. Amou Securiti Benefic | unt of ies ially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | t | (A) or (D) | Price | Transac (Instr. 3 | ction(s) | | | (msu. 4) |
| Common Stock 11/ | | | | 11/20 |)/2008 | | 11/20/2008 | | С | | 562 | 2 | A | \$0 | 8 | ,911 | | D | |
| Common Stock 11/20 | | | | | 0/2008 | | 11/20/2008 | | F | | 201 | L | D | \$6.1 | 3 8 | 8,710 | | D | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year | Date, | 4. Transactio Code (Inst 8) | | n of | | 6. Date Exercisal Expiration Date (Month/Day/Year | | | 7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | e s ally g | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | | Date Exercisab | | kpiration ate | Title | 0 N 0 | lumber | | | | | |
| Restricted Stock Unit | \$0.0001 ⁽¹⁾ | 11/20/2008 | 11/20/20 | 008 | С | С | | 562 | (2) | | (2) | | non | 562 | \$0 5,06 | | | D | |

Explanation of Responses:

- 1. Represents par value of ALGN common stock
- 2. 1/16th of the restricted stock unit granted on February 20, 2007 became vested on November 20, 2008 and shares were delivered to the reporting person on that date. The restricted stock unit will continue to vest quarterly and vested shares will be delivered to the reporting person on each such vest date.

Roger E. George, Atty-in-Fact for Dan Scott Ellis

11/21/2008

** 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.