FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

STATEMENT	OF CHANGES	S IN BENEFICIAL	<b>OWNERSHIP</b>

OMB APPROVAL								
OMB Number: 3235-0287								
Estimated average burden								
hours per response:	0.5							

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

	nd Address of <u>Γimothy</u> Α	Reporting Person*						OLOGY			.GN ]	(Ch	eck all applica Director Officer (	able)	Othe	Owner (specify
(Last) (First) (Middle) C/O ALIGN TECHNOLOGY INC. 2650 ORCHARD PARKWAY					3. Date of Earliest Transaction (Month/Day/Year) 02/20/2012							below)	below) below) SVP, Business Develop.			
	CHARD PA	ARKWAY		4	. If Am	endment, C	ate of	Original Fil	ed (I	Month/Da	y/Year)	6. Ir		oint/Group F	iling (Check A	oplicable
(Street)	SE C	A	95131										_	•	Reporting Pers than One Rep	
(City)	(5	State)	(Zip)										. 0.00			
		Ta	able I - Non-D	erivat	ive S	ecurities	s Acc	quired, C	Disp	osed c	f, or Be	neficiall	/ Owned			
1. Title of Security (Instr. 3)			Da	te	nsaction 2A. Deemed Execution Date if any (Month/Day/Ye		Date,	e, Transaction Disposed Of Code (Instr.			es Acquired (A) or Of (D) (Instr. 3, 4 and 5		Fori	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	v	Amount	(A) o (D)	r Price	Reported Transaction (Instr. 3 as			(IIIsu. 4)
Common Stock											1,318 <sup>(1)</sup>		D			
			Table II - De (e.					uired, Di					Owned			
Derivative Conversion Date Execution Security or Exercise (Month/Day/Year) if any		3A. Deemed Execution Date, if any (Month/Day/Year)	Code	ransaction Derivative Securities		6. Date Exercisable and Expiration Date (Month/Day/Year) 7. Title and Am of Securities Underlying Deri Security (Instr. 4)		ies g Derivative	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)	Owners Form: Direct (I or Indire (I) (Instr	Beneficial Ownership ct (Instr. 4)				
				Code	v	(A)		Date Exercisable		xpiration ate	Title	Amount of Number of Shares		(Instr. 4)	m(s)	
Restricted Stock Unit	\$0.0001 <sup>(2)</sup>	02/20/2012	02/20/2012	A		8,000		(3)		(3)	Common Stock	8,000	\$0.00	8,000	D	
Market Stock Unit	\$0.0001 <sup>(2)</sup>	02/20/2012	02/20/2012	A		12,000 <sup>(4)</sup>		(5)		(5)	Common	12,000(4	\$0.00	12,000(4	4) D	

## **Explanation of Responses:**

- 1. Represents 1,318 shares issued under the ALGN Employee Stock Purchase Plan on January 31, 2012.
- 2. Represents par value of ALGN common stock.
- 3. 1/4th of the restricted stock unit will become vested one year after the date of grant and 1/4th of the restricted stock unit will vest annually thereafter. Shares will be delivered to reporting person on each vest date.
- 4. Represents the maximum number of shares which may be issued under the market stock unit. The actual number of shares to be issued on each vest date will depend on the Issuer's stock price performance as compared to the NASDAQ Composite Index Performance calculated as of the vest date.
- 5. 100% of the shares which may be issued under the market stock unit will vest on the last day of the third year of the Performance Period (as defined in the market stock unit agreement).

/s/ Roger E. George Atty-In-Fact for Timothy A. Mack

\*\* Signature of Reporting Person Date

02/22/2012

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.