SEC Form 3

FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL

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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. Name and Address of Reporting Person* SANTORA GREG J			2. Date of Event Requiring Stater (Month/Day/Yea	nent	3. Issuer Name and Ticker or Trading Symbol ALIGN TECHNOLOGY INC [ ALGN ]					
(Last)	(First) (Middle)		07/23/2003		4. Relationship of Reporting Perso (Check all applicable)		(M	5. If Amendment, Date of Original Filed (Month/Day/Year)		
(Street) (City)	(State)	(Zip)		2	X Director Officer (give title below)	10% Owne Other (spe below)	6.	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person		
Table I - Non-Derivative Securities Beneficially Owned										
1. Title of Security (Instr. 4)					Beneficially Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Table II - Derivative Securities Beneficially Owned   (e.g., puts, calls, warrants, options, convertible securities)										
1. Title of Derivative Security (Instr. 4)			2. Date Exercisable and Expiration Date (Month/Day/Year)		d 3. Title and Amount of Securit Underlying Derivative Securit		4. Conversio or Exercis	e Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
			Date Exercisable	Expiratior Date	Amount D or S Number		Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)		

Explanation of Responses:

<u>Greg J. Santora</u>

07/25/2003

\*\* Signature of Reporting Person

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 $^{\ast}$  If the form is filed by more than one reporting person, see Instruction 5 (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.