FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington, D.C. 20049	

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								

0.5

hours per response:

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

Check this box to indicate that a
transaction was made pursuant to a
contract, instruction or written plan
for the purchase or sale of equity
securities of the issuer that is
intended to satisfy the affirmative

defense conditions of Rule 10b5-

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Exec if an	Deemed sution Date,	4. Trans	saction (Instr.	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	f 6. Date Exer Expiration D (Month/Day/		ercisable and Date	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Pri Deri Seci (Inst	rice of vative urity tr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	,	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
		Tal	ole II							posed of, convertib)wne	d			
Common Stock 08/19/202			24			G ⁽²⁾		4,650	D	\$) :		23,597		D			
Common Stock 08/15/202			24			P ⁽¹⁾		6,500	A	\$235	.33(1)		28,247		D			
				(• ,	Code	` 		(A) or (D) Price			Reported Transaction(s) (Instr. 3 and 4)		,,,,	(Instr. 4)		
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transactio Date (Month/Day/N		n	2A. Deemed Execution Date,		3. Transaction Code (Instr.		Acquire	d (A) or	r 5. Amor		ount of ties	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	n: Direct or Indirect	7. Nature of Indirect Beneficial Ownership				
(City)	(Sta		Zip)	lon Doriva	tivo	Social	ritios As	auiro	4 D	isposad o	f or B	onofi	cially	Own				
(Street) TEMPE	A7	2 8	5288										V	Form filed by One Reporting Person Form filed by More than One Report Person				
				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)						
C/O ALIGN TECHNOLOGY, INC. 410 N. SCOTTSDALE RD., SUITE 1300																		
(Last) (First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 08/15/2024										Officer (give title below)		Other (s below)	specify	
LARKIN C RAYMOND JR				AI	ALIGN TECHNOLOGY INC [ALGN]							(UllCCK				10% Ov		
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)							
1(c). Se	ee Instruction 1	0.																

Explanation of Responses:

1. The reporting person redeemed shares of the Issuer's common stock from an exchange fund in exchange for the cancellation of shares of the exchange fund. The issuer's common stock was valued at \$235.33 per share for purposes of determining the number of shares of common stock to be redeemed.

Exercisable

(D)

(A)

2. The reporting person donated these shares to a donor-advised fund which will use the gifted shares for charitable purposes.

/s/ Julie Ann Coletti, Attorney-in-Fact for C. Raymond Larkin Jr.

or Number

Shares

Title

Expiration

08/19/2024

** 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).

Code

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.