FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 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

| 1. Name and Address of Reporting Person* <u>COLLINS DAVID E</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol ALIGN TECHNOLOGY INC [ALGN] | | | | | | | of Reportino cable) r | g Pers | on(s) to Issu 10% Ow | |
|--|--|--|--|--------------------------------|--|---|--------|--|--------------------|---|--|--|---|--------|--|---|
| | .ast) (First) (Middle) C/O ALIGN TECHNOLOGY INC 81 MARTIN AVENUE | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/21/2009 | | | | | | | Officer (give title Other (specify below) below) | | | |
| (Street) SANTA CLARA CA 95050 | | | | 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | |
| Date | | | | Transactio te onth/Day/\ | Execution Da | | Date | Code (Ins | on Dispose | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | 5. Amour Securitie Beneficia Owned F Reported | s Forn ally (D) o ollowing (I) (Ir | | Direct of Indirect In | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | Code V | Amount | (A) or (D) | Price | Transact (Instr. 3 a | ion(s) | | | | |
| 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/Yea | Code | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | lly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership t (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | | |
| Restricted Stock Unit | \$0.0001 ⁽¹⁾ | 05/21/2009 | 05/21/2009 | A | | 3,000 | | (2) | (2) | Common Stock | 3,000 | \$0 | 3,000 | | D | |
| Right to buy (Common Stock | \$11.81 | 05/21/2009 | 05/21/2009 | A | | 10,000 | | (3) | 05/21/2019 | Common Stock | 10,000 | \$0 | 10,000 |) | D | |

Explanation of Responses:

- 1. Represents par value of ALGN common stock
- 2. 100% of the restricted stock unit shall become vested one year after the date of grant. Vested shares will be delivered to reporting person on the vest date.
- 3. Represents an option in which all of the shares subject to the option shall become vested and exercisable one year after the date of grant.

Roger E. George, Atty-in-Fact for David E. Collins

05/22/2009

** 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.