FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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∕ashington,	D.C.	20349	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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

1. Name and Address of Reporting Person* MORROW GEORGE J					2. Issuer Name and Ticker or Trading Symbol ALIGN TECHNOLOGY INC [ALGN]								heck a	onship o Ill applio Directo	,				
(Last)	(F	irst)	(Middle)				3. Date of Earliest Transaction (Month/Day/Year) 05/17/2023								Officer below)	(give title		Other (s below)	specify
C/O ALIGN TECHNOLOGY INC.				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Control of the Control of the C									g (Check Ap	plicable				
410 NO.	SCOTTSE												Line) X Form filed by One Reporting Person						
(Street) TEMPE AZ 85281					Form filed by More than One Reporting Person Rule 10b5-1(c) Transaction Indication														
TEWIFE AZ 05201																		- Ru	
(City)	(City) (State) (Zip)					Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													
		Tab	le I - No	n-Deriv	/ative	Se	curitie	es Ac	quired, I	Dis	posed o	f, or B	eneficia	ally O	wnec				
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		r)	2A. Deemed Execution Date,		3. 4 Transaction E		4. Securities Acquired (A) Disposed Of (D) (Instr. 3,			A) or 5. Amou Securitie Benefici		es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) (D)	Or Price	т	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common Stock			05/17	7/2023				М		1,114	4 A	\$0.	00	1,114			D		
Common Stock														13,273			I	By Family Trust	
		7	able II -						uired, Di , option					y Ow	ned			,	
1. Title of Derivative Security (Instr. 3)	erivative Conversion Date ecurity or Exercise (Month/Day/Yea		3A. Deeme Execution if any (Month/Da	Date, Transacti Code (Ins				ivative ties red (A) posed (Instr.	Expiration	6. Date Exercisal Expiration Date (Month/Day/Year		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Deri Seci (Insi	rice of vative urity tr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio	E C F Illy C O	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	Amoun or Numbe of Shares			(Instr. 4))II(3)		
Restricted Stock Unit	\$0.0001 ⁽¹⁾	05/17/2023			M			1,114	(2)		(2)	Commor Stock	1,114	\$(0.00	0		D	
Restricted Stock Units	\$0.0001(1)	05/17/2023			A		1,029		(3)		(3)	Commor Stock	1,029	\$0	0.00	1,029		D	

Explanation of Responses:

- 1. Represents par value of ALGN common stock.
- 2. 100% of the restricted stock unit granted on May 18, 2022 became vested on May 17, 2023 and shares were delivered to reporting person.
- 3. 100% of the restricted stock unit granted on May 17, 2023 will become vested on the earlier of (i) May 17, 2024 or (i) the date of the 2024 annual meeting of stockholders. Shares will be delivered to reporting person on the vest date.

Remarks:

/s/Julie Ann Coletti Attorneyin-Fact for George Morrow ** Signature of Reporting Person

05/19/2023

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.