ALIGN TECHNOLOGY INC Form SC 13G/A February 09, 2011

SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

SCHEDULE 13G/A (Rule 13d-102)

INFORMATION TO BE INCLUDED IN STATEMENTS FILED PURSUANT TO RULES 13d-1(b), (c) AND (d) AND AMENDMENTS THERETO FILED PURSUANT TO 13d-2(b)

(Amendment No. 3)*

ALIGN TECHNOLOGY INC (Name of Issuer)

Common Stock, par value \$.0001 (Title of Class of Securities)

016255101 (CUSIP Number)

December 31, 2010 (Date of event which requires filing of this statement)

Check the appropriate box to designate the rule pursuant to which this Schedule 13G/A is filed:

"Rule 13d-1(b) xRule 13d-1(c) "Rule 13d-1(d)

(Page 1 of 20 Pages)

The information required in the remainder of this cover page shall not be deemed to be "filed" for purposes of Section 18 of the Securities Exchange Act of 1934 ("Act") or otherwise subject to the liabilities of that section of the Act but shall be subject to all other provisions of the Act (however, see the Notes).

^{*}The remainder of this cover page shall be filled out for a reporting person's initial filing on this form with respect to the subject class of securities, and for any subsequent amendment containing information which would alter the disclosures provided in a prior cover page.

CUSIP No. 016255101

13G/A

Page 2 of 20 Pages

1	NAMES OF REPORTING PERSONS	
	HealthCor Management, L.P.	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GI	ROUP (a) x
	(see instructions)	(b) "
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION	
	Delaware	
MUMDED OF	5 SOLE VOTING POWER	
NUMBER OF SHARES BENEFICIALLY	0	
	x6 SHARED VOTING POWER	
	0	
OWNED BY EACH	7 SOLE DISPOSITIVE POWER	
REPORTING	0	
PERSON WITH	X SHARED DISPOSITIVE POWER	
rekson with	0	
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EA	CH REPORTING PERSON
	0	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9)	EXCLUDES "
	CERTAIN SHARES (see instructions)	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN RO	OW (9)
	0%	
12	TYPE OF REPORTING PERSON (see instructions)	
	PN	

CUSIP No. 016255101

13G/A

Page 3 of 20 Pages

	1	NAMES OF REPORTING PERSONS
		HealthCor Associates, LLC
	2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a) x
		(see instructions) (b) "
	3	SEC USE ONLY
	4	CITIZENSHIP OR PLACE OF ORGANIZATION
		Delaware
	NIIMDED OF	5 SOLE VOTING POWER
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH		0
		,6 SHARED VOTING POWER
		0
	7 SOLE DISPOSITIVE POWER	
	REPORTING	0
	PERSON WITH	8 SHARED DISPOSITIVE POWER
	TERSON WITH	0
	9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON
		0
	10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES "
		CERTAIN SHARES (see instructions)
	11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (9)
		0.00%
	12	TYPE OF REPORTING PERSON (see instructions)
		OO - limited liability company

CUSIP No. 016255101

13G/A

Page 4 of 20 Pages

1	NAMES OF REPORTING PERSONS	
	HealthCor Offshore, Ltd.	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP	(a) x
		(b) "
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION	
	Cayman Islands	
NUMBER OF	5 SOLE VOTING POWER	
	0	
SHARES BENEFICIALLY	SHARED VOTING POWER	
OWNED BY	0	
EACH	7 SOLE DISPOSITIVE POWER	
REPORTING	0	
PERSON WITH	SHARED DISPOSITIVE POWER	
TERSON WIII	0	
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPO	ORTING PERSON
	0	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUI	DES "
	CERTAIN SHARES (see instructions)	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (9)	
	0.00%	
12	TYPE OF REPORTING PERSON (see instructions)	
	OO - limited liability company	

CUSIP No. 016255101

13G/A

Page 5 of 20 Pages

1	NAMES OF REPORTING PERSONS		
	HealthCor Offsho	ore Master Fund, L.P.	
2	CHECK THE AF	PPROPRIATE BOX IF A MEMBER OF A GROUP (see	(a) x
	instructions)		(b) "
3	SEC USE ONLY	7	
4	CITIZENSHIP OR PLACE OF ORGANIZATION		
	Cayman Islands		
NUMBER OF	5 Se	OLE VOTING POWER	
SHARES BENEFICIALLY OWNED BY	0		
	,6 S	HARED VOTING POWER	
	0		
EACH		OLE DISPOSITIVE POWER	
REPORTING	0		
PERSON WITH		HARED DISPOSITIVE POWER	
	0		
9		AMOUNT BENEFICIALLY OWNED BY EACH REPOR	TING PERSON
10	0		7.0
10		THE AGGREGATE AMOUNT IN ROW (9) EXCLUDE	is
		RES (see instructions)	
11		CLASS REPRESENTED BY AMOUNT IN ROW (9)	
	0.00%	DEING DEDGON (' ' ' '	
12		RTING PERSON (see instructions)	
	OO - limited liab	unity company	

CUSIP No. 016255101

13G/A

Page 6 of 20 Pages

1	NAMES OF REPORTING PERSONS		
	HealthCor Offshore GP, LLC		
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (see (a) x		
	instructions) (b) "		
3	SEC USE ONLY		
4	CITIZENSHIP OR PLACE OF ORGANIZATION		
	Cayman Islands		
NUMBER OF	5 SOLE VOTING POWER		
SHARES BENEFICIALLY OWNED BY EACH	0		
	SHARED VOTING POWER		
	0		
	7 SOLE DISPOSITIVE POWER		
REPORTING	0		
PERSON WITH	SHARED DISPOSITIVE POWER		
TERSON WITH	0		
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON		
	0		
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES "		
	CERTAIN SHARES (see instructions)		
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (9)		
	0.00%		
12	TYPE OF REPORTING PERSON (see instructions)		
	OO - limited liability company		

CUSIP No. 016255101

13G/A

Page 7 of 20 Pages

1	NAMES OF REPORTING PERSONS		
	HealthCor Hybrid Offshore, Ltd.		
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (see (a	ı) x	
	instructions) (b	o)	
3	SEC USE ONLY		
4	CITIZENSHIP OR PLACE OF ORGANIZATION		
	Cayman Islands		
NUMBER OF	SOLE VOTING POWER		
SHARES BENEFICIALLY OWNED BY EACH	0		
	v6 SHARED VOTING POWER		
	0		
	7 SOLE DISPOSITIVE POWER		
REPORTING	0		
PERSON WITH	X SHARED DISPOSITIVE POWER		
TERSON WITH	0		
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORT	ING PERSON	
	0		
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES	••	
	CERTAIN SHARES (see instructions)		
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (9)		
	0.00%		
12	TYPE OF REPORTING PERSON (see instructions)		
	OO - limited liability company		

CUSIP No. 016255101

13G/A

Page 8 of 20 Pages

1	NAMES OF REPORTING PERSONS		
	HealthCor Hybrid Offshore Master Fund, L.P.		
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (see	(a) x	
	instructions)	(b) "	
3	SEC USE ONLY		
4	CITIZENSHIP OR PLACE OF ORGANIZATION		
	Cayman Islands		
NUMBER OF	5 SOLE VOTING POWER		
	0		
SHARES	,6 SHARED VOTING POWER		
BENEFICIALLY	0		
OWNED BY	7 SOLE DISPOSITIVE POWER		
EACH	0		
REPORTING	8 SHARED DISPOSITIVE POWER		
PERSON WITH	0		
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPOR	TING PERSON	
	0		
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDE	ES "	
	CERTAIN SHARES (see instructions)		
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (9)		
	0.00%		
12	TYPE OF REPORTING PERSON (see instructions)		
	OO - limited liability company		

CUSIP No. 016255101

13G/A

Page 9 of 20 Pages

1	NAMES OF REPORTING PERSONS		
	HealthCor Hybrid Offshore GP, LLC		
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (see (a) x		
	instructions) (b) "		
3	SEC USE ONLY		
4	CITIZENSHIP OR PLACE OF ORGANIZATION		
	Cayman Islands		
NILIMBED OF	5 SOLE VOTING POWER		
NUMBER OF	0		
SHARES	SHARED VOTING POWER		
BENEFICIALLY	Y 0		
OWNED BY	7 SOLE DISPOSITIVE POWER		
EACH REPORTING	0		
	X SHARED DISPOSITIVE POWER		
PERSON WITH	0		
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING	PERSON	
	0		
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES	••	
	CERTAIN SHARES (see instructions)		
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (9)		
	0.00%		
12	TYPE OF REPORTING PERSON (see instructions)		
	OO - limited liability company		

&#