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(b). |

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

| Name and Address of Reporting Person* LeGall Didier | | | | | | | 2. Issuer Name and Ticker or Trading Symbol AMBARELLA INC [AMBA] | | | | | | | | | | onship of Reporting all applicable) Director Officer (give title | | 10% O | wner |
|--|---|--|--|-------|------------------------------|--|--|------------|-----|--------------------------------------|----------|----------------|---|--|----------------------|---|--|---|--|---|
| (Last) 2975 SA | (Last) (First) (Middle) 2975 SAN YSIDRO WAY | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/08/2013 | | | | | | | | | | Executive Vic | | Other (specify below) e President | |
| (Street) SANTA CLARA CA 95051 (City) (State) (Zip) | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | dividual or Joint/Group Filing (Check Applicable) K Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | | A. Deemed execution Date, any Month/Day/Year) | | Ė | | | Dispose | urities Acquired (A) sed Of (D) (Instr. 3, 4 | | | Benefi | ies Fe cially (D Following (I) | | wnership m: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | | | Code | V | Amoun | mount (A) | | Price | Transa | Transaction(s) (Instr. 3 and 4) | | | (|
| Ordinary Shares 04/08/ | | | | | | | 2013 | | | М | | 555 | 555 A | | (1) | 34 | 342,222 | | D | |
| 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. Deeme Execution if any (Month/Day | Date, | 4. Transa Code (8) | | | | Exp | Date Exer piration D onth/Day/ | ate | | Amount Securitie Underlyi Derivativ | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (A) (D) Da | | te ercisable | Ex Da | piration te | or | | ount mber ares | | | | | |
| Restricted Stock | (1) | 04/08/2013 | | | M | | | 555 | | (2) | | (2) | Ordinary Shares | 5 | 55 | \$0 | 3,890 | | D | |

Explanation of Responses:

1. The RSUs convert into the Issuer's Ordinary Shares on a one-for-one basis.

2. Of the total grant of 4,445 RSUs, the RSUs vest as to 1/16 of the RSUs each three months following 9/15/12; provided however, that the RSUs shall not vest at all until either the expiration of the lock-up period applicable in connection with the Company's S-1 Registration Statement or upon a change of control transaction, at which time the original vesting schedule shall apply.

> /s/ Michael Morehead, by 04/10/2013 Power of Attorney

** 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.