FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, [| D.C. 20549 |
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| Check this box if no longer subject | STATEM |
|-------------------------------------|--------|
| to Section 16. Form 4 or Form 5 | _ |
| obligations may continue. See | |
| Instruction 1(b). | |

MENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 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* Young John Alexander | | | | | 2. Issuer Name and Ticker or Trading Symbol AMBARELLA INC [AMBA] | | | | | | | | | | k all app Direc | licable) tor | ng Person(s) to I | | wner | |
|--|--|-------|-----------|---|--|---|--|---|--|---|---------------------------------------|---|--|---------------------------|--|---|-------------------|---|----------|--|
| (Last) 3101 JAN | (First) (Middle) | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/18/2024 | | | | | | | | X | Office belov | , | FO | Other (s below) | (specify | |
| (Street) SANTA CLARA | Street) SANTA CA 95054 | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Indi _ine) X | · ' | | | | | |
| (City) | (State) (Zip) | | | | | | | | heck this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to atisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | | |
| | | Table | I - No | n-Deriva | tive S | Secui | rities | Acq | uired, | Dis | posed of | , or E | Benefic | ially | / Own | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | | Exec if any | Deemed cution Date, y nth/Day/Year) | | 3. Transaction Code (Instr. 8) 4. Securities A Disposed Of (Instr. 5) | | | s Acquired (A) of (D) (Instr. 3, 4 | | 4 and Sec Ben Owi | | cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | Code | v | Amount | (A) (D) | or Pric | е | Transa | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | | |
| Ordinary Shares 03 | | | 03/18/2 | 2024 | | | | S | | 1,546 ⁽¹⁾ | 1,546 ⁽¹⁾ D \$ | | 9.27 | 27 107,571 ⁽²⁾ | | D | | | | |
| | | Tal | ole II - | | | | | | | | osed of, convertib | | | | Owne | d | , | | | |
| 1. Title of Derivative Security (Instr. 3) | vative Conversion Date Execution Da urity or Exercise (Month/Day/Year) if any | | ion Date, | 4. Transaction Code (Instr. 8) | | of Deriv Secu Acqu (A) of Dispo | f erivative ecurities cquired A) or isposed f (D) nstr. 3, 4 | | ion Da | exercisable and on Date Day/Year) | | e and int of rities rlying ative rity (Instr 4) | 8. Price Derivati Security (Instr. 5) | | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownersh Form: Direct (D or Indire (I) (Instr. | orm: | Beneficial Ownership t (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | Amoun or Numbe of Shares | | | | | | | |

Explanation of Responses:

- 1. Shares sold to pay tax obligations resulting from the vesting of restricted stock units.
- 2. Includes 218 shares acquired under the Company's employee stock purchase plan on March 15, 2024.

By: /s/ Michael Morehead, Attorney-in-Fact For: John A. 03/20/2024 **Young**

** 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.