FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL |
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| l | OMB Number: | 3235-0287 |
|---|------------------------|-----------|
| l | Estimated average burd | en |
| l | 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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* | | | | | | 2. Issuer Name and Ticker or Trading Symbol AMBARELLA INC [AMBA] | | | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|--|---|--|---|------------------------|--|--|---|--------|---|---------------|------------|--|---|---|--|--|--|---|--|--|--|
| <u>Hon Hsiao-Wuen</u> | | | | 1 | Directo | | | | | | | | | | | r | | 10% Ov | vner | | |
| (Last) 3101 JA | (F Y STREET | irst) | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/18/2018 | | | | | | | | | | Officer (give title below) | | Other (sp below) | | specify | |
| (Street) SANTA CLARA CA 95054 | | | | 4. 1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | . Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting | | | | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | Person | | | | | |
| | | Tal | ole I - Nor | ı-Deriv | ativ | e Se | curi | ties A | cqu | ired, I | Disp | osed of | , or Bei | neficia | lly | Owned | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | | ear) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | 4 and Securitie Beneficial Owned F | | s Illy ollowing | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | | Code | v | Amount | (A) or (D) | Price | | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Ordinary Shares 09/18. | | | | 8/201 | /2018 | | | | M | | 1,232 A | | (1) | | 4,926 | | | D | | | |
| | | | Table II - | | | | | | | | | sed of, onvertib | | | y O | wned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution E if any (Month/Day | ate, Transa Code (I | | | | | 6. Date Exercisabl Expiration Date (Month/Day/Year) | | | | 7. Title and Amount of Securities Underlying Derivative Sec (Instr. 3 and 4) | | S (I | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | e s Illy J | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | C | Code | v | (A) | (D) | Date Exe | e rcisable | Exp Dat | oiration te | Title | Amoun or Numbe of Shares | | | | | | | |
| Restricted Stock Units | (1) | 09/18/2018 | | | М | | | 1,232 | | (2) | 09/ | 15/2018 ⁽²⁾ | Ordinary Shares | 1,232 | | \$0.0 | 0 | | D | | |

Explanation of Responses:

- $1. \ Each \ restricted \ stock \ unit \ represents \ a \ contingent \ right \ to \ receive \ one \ share \ of \ Ambarella, \ Inc. \ Ordinary \ Shares.$
- 2. The restricted stock units will vest as to 1/4th of the restricted stock units each three months following the vesting start date of September 15, 2017, so as to be 100% vested on September 15, 2018.

By: /s/ Michael Morehead,

Attorney in Fact For: Hsiao- 09/20/2018

Wuen Hon

** 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.