FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | | |

0.5

hours per response:

| Check this box if no longer subject to |
|--|
| Section 16. Form 4 or Form 5 |
| obligations may continue. See |
| Instruction 1(h) |

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] | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|--|---|--|---|--|---|---------|-----------------------------------|--|--------------------|---|---|---|---|---|---------------------------------------|--|
| <u>VERHALEN ANDREW W</u> | | | | 101107 | AILL | LA | IIIC [AIV | IDA J | | ` | X Direc | tor | 10% O | wner | | |
| (Last) (First) (Middle) 260 HOMER AVENUE | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/05/2017 | | | | | | | Office below | er (give title /) | Other (below) | specify | |
| SUITE 201 | | | | 4 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | 6 | 6. Individual or Joint/Group Filing (Check Applicable | | | | |
| (Ctroot) | | | | — ¨¨ | | | Date | or original r | | , ay, 1 oa., | Lir | ie) | • | | | |
| (Street) PALO A | LTO CA | A ! | 94301 | | | | | | | | | | filed by More | Reporting Person than One Repo | | |
| (City) | (St | ate) (| (Zip) | | | | | | | | | | | | | |
| | | Tab | le I - Non-De | rivativ | e Sec | curitie | s Ac | quired, D | isposed | of, or Be | eneficia | lly Owne | d | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | • | Execution D pay/Year) if any | | | ecution Date, Transaction | | | | Benefic Owned | ties Fo cially (D) Following (I) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | Code V | | | | Amoun | (A) or (D) Price | | Report Transa (Instr. 3 | ction(s) | | (Instr. 4) | | | |
| 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. Deemed Execution Date, if any (Month/Day/Year) | Code | Transaction Code (Instr. | | iber tive ties ed sed | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | | |
| Restricted Stock Units | (1) | 09/05/2017 | | A | | 4,926 | | (2) | (2) | Ordinary Shares | 4,926 | \$0.00 | 4,926 | 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 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.

Remarks:

/s/ Michael Morehead by Power of Attorney

09/07/2017

** 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.