## 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*     Day Christopher						2. Issuer Name and Ticker or Trading Symbol AMBARELLA INC [ AMBA ]									appli irecto	cable)	g Pers	10% Ov	vner
(Last) 3101 JAN	(Fi Y STREET	rst) (	(Middle)	)		Oate of /11/20		est Tra	nsactio	n (Mon	th/Day/Year)			elow)		Other (spe below) emarks		specify	
,	CLARA CA		95054		- 4. I -	If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person  Form filed by More than One Reporting Person					
(City)	(5)	•	(Zip) 	lon-Deri	vative	Soc	urit	ios Δ	cauir	ad D	ienosed (	of or B	eneficis	Illy Ov	wner	1			
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day			ion	2A. De Execu	2A. Deemed Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and			5. Amount of		unt of es ially Following	Form (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
								Code V		Amount	(A) or (D) Price			tion(s)			(Instr. 4)		
Ordinary	inary Shares 09/11/20			013	13			M		390	A	\$8.64	1	19	19,352		D		
Ordinary	Shares 09/11/2			013				S <sup>(1)</sup>		390	D	\$17.9	95 18		3,962		D		
Ordinary	rdinary Shares 09/12/20			013						1,300	A	\$8.64	.64 2		20,262		D		
Ordinary	rdinary Shares 09/12/2		013	)13			S <sup>(1)</sup>		1,300	D	\$17.962	9623(2)		18,962		D			
		Т	able I								posed of, , converti			y Owi	ed				
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)		4. Transa Code ( 8)				6. Date Exer Expiration D (Month/Day/		ate	7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		8. Prio Deriva Secur (Instr.	ative ity	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	or Number of Shares						
Stock Option (right to buy)	\$8.64	09/11/2013			M			390	(:	3)	04/13/2020	Ordinary Shares	390	\$(	)	58,150		D	

# **Explanation of Responses:**

\$8.64

- 1. The sales reported on this Form 4 were effected pursuant to Rule 10b5-1 trading plans adopted on June 15, 2013.
- 2. The sale price reported in column 4 of Table I represents the weighted average sale price of the shares sold ranging from \$17.95 to \$17.99 per share. Upon request by the Commission staff, the Issuer, or a security holder of the Issuer, the reporting person will provide full information regarding the number of shares sold at each separate price within the ranges set forth in footnote (2) to this Form 4.

(3)

04/13/2020

3. Of the total grant of 100,000 shares, 25% vests on the one year anniversary of the date of grant, April 13, 2010, and the remaining shares vest in equal monthly installments over 36 months.

1,300

#### Remarks:

Stock Option

(right to

buy)

VP, Marketing and Business Development

/s/ Michael Morehead, by Power of Attorney

1,300

Share

\$<mark>0</mark>

09/13/2013

56,850

D

\*\* 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).

09/12/2013

\*\* 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.