FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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| I |

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

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* Hu Chenming | | | | | | 2. Issuer Name and Ticker or Trading Symbol AMBARELLA INC [AMBA] | | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
|--|--|--|---|---------|-------------------------|--|--|-------|---|---------------------------------|------|------------------------|---|-----|--|---|--|-----------------------|--|---|--|--|
| Hu Che | enning | | | | | | | | | | | | | | | X Direct | or | | 10% O | wner | | |
| (Last) | (F Y STREET | irst) | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/16/2021 | | | | | | | | | | Office below | (give title | Other (specify below) | | specify | | |
| (Street) SANTA | CLARA C | A | 95054 | | Form filed by Mo | | | | | | | | p Filing (Check Applicable e Reporting Person re than One Reporting | | | | | | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | Perso | 1 | | | | | |
| | | Tak | le I - Nor | ı-Deriv | /ativ | e Se | curiti | ies A | cqu | iired, I | Disp | osed o | f, or | Ben | eficiall | y Owne | ł | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | | ear) | 2A. Deemed Execution Date if any (Month/Day/Yea | | te, | 3. Transac Code (II 8) | | | | | | 5. Amor Securiti Benefic Owned Reporte | es ally Following | Form (D) o | n: Direct r Indirect istr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | | Code | v | Amount | (A) or (D) | | Price | Transac | Transaction(s) (Instr. 3 and 4) | | | (111501. 4) | | |
| Ordinary | Shares | | | 06/1 | 6/202 | 21 | | | | M | | 958 | | A | (1) | 20 | ,953 | | 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. Deemed Execution E if any (Month/Day | Date, | 4. Transa Code (I | | | | 6. Date Exercisabl Expiration Date (Month/Day/Year) | | | le and | 7. Title and Amount of Securities Underlying Derivative Sec (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4) | e sally g | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exer | e rcisable | Exp | oiration te | Title | | Amount or Number of Shares | | | | | | | |
| Restricted Stock Units | (1) | 06/16/2021 | | | M | | | 958 | | (2) | 09/ | 15/2021 ⁽²⁾ | Ordii Sha | | 958 | \$0.0 | 959 | | 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, 2020, so as to be 100% vested on September 15, 2021.

By: /s/ Michael Morehead, Attorney-in-Fact For: Chenming Hu

06/17/2021

** 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.