FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|
| OMB Number: 3235-028 | | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per response: | 0.5 | | | | | | | |

| | Check this box if no longer subject to |
|--------|--|
| | Section 16. Form 4 or Form 5 |
| \cup | 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* Hon Hsiao-Wuen | | | | | | 2. Issuer Name and Ticker or Trading Symbol AMBARELLA INC [AMBA] | | | | | | | | | | elationship eck all appl C | icable) | ng Pers | son(s) to Iss 10% O | | |
|--|---|--|---|---------|------------------------------|--|---|---------------------------|-------------|-----------------------------------|------------|---|---------------------|---|--|--|---|---------------------|--|---|--|
| (Last) 3101 JA | (F Y STREET | irst) | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/16/2022 | | | | | | | | | | Office below | specify | | | | |
| (Street) SANTA (City) | CLARA C. | | 95054 (Zip) | | 4.1 | 4. If Amendment, Date of Original Filed (Mon | | | | | | | y/Year) |) | Line | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Tab | le I - Non | ı-Deriv | vativ | e Se | curiti | ies A | cqu | ıired, | Disp | osed o | f, or l | Bene | eficiall | y Owne | t | | | | |
| 1. Title of Security (Instr. 3) 2. Trans Date (Month/l | | | | | | ear) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | Code (Instr. | | 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | | | 5. Amo Securit Benefic Owned Reporte | es ially Following | Forn (D) o | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | Code | v | Amount | (A) or (D) | | Price | Transa (Instr. 3 | tion(s) | | | (111511.4) | | | | |
| Ordinary Shares 06 | | | | | 6/202 | 5/2022 | | | | М | | 377 A | | (1) | 18,569 | | | D | | | |
| | | | Table II - I | | | | | | • | • | • | sed of, onvertib | | | • | Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution D if any (Month/Day | Date, | 4. Transa Code (8) | | of Deriv Secu Acqu (A) o Dispo | r osed) r. 3, 4 | Exp | ate Exer iration D nth/Day/ | ate | Amoun Securit Underly Derivat | | Fitle and acount of curities derlying rivative Security str. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securitie Beneficia Owned Following Reported Transacti (Instr. 4) | e s ally g | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exe | e rcisable | Exp Dat | oiration te | Title | 1 | Amount or Number of Shares | | | | | | |
| Restricted Stock Units | (1) | 06/16/2022 | | | M | | | 377 | | (2) | 09/ | 15/2022 ⁽²⁾ | Ordin Shar | | 377 | \$0.0 | 377 | | 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, 2021, so as to be 100% vested on September 15, 2022.

By: /s/ Michael Morehead,

Attorney-in-Fact For: Hsiao-

Wuan Hon

** Signature of Reporting Person Date

06/17/2022

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.