### Edgar Filing: AMBARELLA INC - Form 4

AMBAREL	LA INC										
Form 4											
April 01, 20											
<b>FORM 4</b> UNITED STATES SECURITIES AND EXCHANGE COMMISSION								т	OMB APPROVAL		
Washington, D.C. 20549						OMB Number:	3235-0287				
	Check this box						Expires:	January 31,			
if no longer subject to STATEMENT OF C				CHANGES IN BENEFICIAL OWNERSHIP OF						Estimated average	
	subject to Section 16. SECURITIES						burden hou				
Form 4 o								response	•		
	Form 5 obligations Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section										
may cont	tinue. Section 17			•	•	· ·			on		
See Instruction	uction	30(n) (	of the In	vestment	Compan	iy Ac	t 01 19	40			
1(b).											
(Print or Type I	Responses)										
1. Name and Address of Reporting Person <u>*</u> Day Christopher			2. Issuer Name <b>and</b> Ticker or Trading Symbol				ng	5. Relationship of Reporting Person(s) to			
							C	Issuer			
		AMBARELLA INC [AMBA]					(Check all applicable)				
(Last)	(First) (	(Middle)	3. Date of	Earliest Tra	ansaction			(Che)	ek un appliedor	()	
3101 JAY STREET			(Month/Day/Year) 03/31/2015					Director 10% Owner Officer (give title Other (specify below) below)			
								VI	P of Marketing		
(Street)			4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check			
Filed(M			Filed(Mon	Ionth/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person			
SANTA CLARA CA 95054 Form filed by More								ore than One Reporting			
								Person			
(City)	(State)	(Zip)	Table	e I - Non-D	erivative	Secur	ities Ac	quired, Disposed o	of, or Beneficia	lly Owned	
1.Title of	2. Transaction Da			3.				5. Amount of	6. Ownership		
Security (Instr. 3)	(Month/Day/Year	) Execution any	on Date, if Transaction(A) or Disposed Code (D)				d of	Securities Beneficially	Form: Direct (D) or	Indirect Beneficial	
(11511-0)	•	ay/Year)	(Instr. 8) (Instr. 3, 4 and 5)			5)	Owned	Indirect (I)			
								Following Reported	(Instr. 4)	(Instr. 4)	
						(A)		Transaction(s)			
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Ordinary	03/31/2015			М	1,000	Α	\$	10,124	D		
Shares	05/5/1/2015			141	1,000	А	9.99	10,124	D		
Ordinary	03/31/2015			c	1.000	D	\$	0.124	D		
Shares	03/31/2013			S	1,000	D	75.5	9,124	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

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# 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)	4. Transactio Code (Instr. 8)	5. Number 6. Date Exercisable and not Derivative Expiration Date Securities (Month/Day/Year) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amour or Numbe of Shares
Non-Qualified Stock Option (right to buy)	\$ 9.99	03/31/2015		М	1,000	<u>(1)</u>	07/09/2022	Ordinary Shares	1,000

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
1	Director	10% Owner	Officer	Other			
Day Christopher 3101 JAY STREET SANTA CLARA, CA 95054			VP of Marketing	5			
Signatures							
By: /s/ Michael Morehead, Atte Christopher Day	orney in F	Fact For:		04/01/2015			
<u>**</u> Signature of Re	porting Perso	on		Date			

### **Explanation of Responses:**

\* 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).

(1) Shares subject to the option vest monthly over four years beginning on May 23, 2012.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.