FORM 4

Check this box if no longer subject

to Section 16. Form 4 or Form 5 obligations may continue. See

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

| Washington, | D.C. 20549 |
|-------------|------------|
|-------------|------------|

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

**OMB APPROVAL** 3235-0287 Estimated average burden hours per response: 0.5

|  | tion 1(b).                    | iuc. occ                                   |        | Filed           |  |   |  |   |                         |  | ties Exchang<br>ompany Act o |   | f 1934  |   | _ not  | urs per r                                  | esponse:   | 0.5                                      |  |
|--|-------------------------------|--|--------|-----------------|--|---|--|---|-------------------------|--|------------------------------|---|---|---|--|--|--|--|--|
| 1. Name and Address of Reporting Person* BLASING KAREN   |                               |  |        |                 |  | 2. Issuer Name <b>and</b> Ticker or Trading Symbol Zscaler, Inc. [ ZS ]   |  |   |                         |  |                              |   |   | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner |  |  |  |  |  |
| (Last)   | (Fir                          | (First) (Middle)                           |        |                 |  |   | 3. Date of Earliest Transaction (Month/Day/Year) 02/08/2024              |   |                         |  |                              |   |   |   | er (give tit<br>w)   | itle Other (sp<br>below)                   |  | r (specify<br>v)                         |  |
| C/O ZSCALER, INC.<br>120 HOLGER WAY  |                               |  |        |                 | 4. If Amendment, Date of Original Filed (Month/Day/Year) |   |  |   |                         |  |                              |   | Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person |   |  |  |  |  |  |
| (Street)<br>SAN JOS  | (Street)<br>SAN JOSE CA 95134 |  |        |                 |  |   |  |   |                         |  |                              |   |   | Form filed by More than One Reporting<br>Person   |  |  |  |  |  |
| (City)   | (Sta                          | ate) (Z                                    | Zip)   |                 |  | Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. |  |   |                         |  |                              |   |   |   |  |  |  |  |  |
|  |                               | Table                                      | I - No | on-Deriva       | tive S   | Secu  | rities   | Acc   | quirec                  | d, Dis   | posed of                     | , or B  | enefic  | ially Owr   | ned  |  |  |  |  |
| 1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/   |                               |  |        | Execution Date, |  | ·   | 3.<br>Transaction<br>Code (Instr. 8)  4. Securities Ad<br>Disposed Of (D |   |                         | Acquired (A) or<br>(D) (Instr. 3, 4 a                          |                              | 5. Amount of Securities Beneficially Owned Following Reported |   | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4)                             |  | 7. Nature of Indirect Beneficial Ownership |  |  |  |
|  |                               |  |        |                 |  |   |  |   | Code                    | v  | Amount                       | (A) or<br>(D)   | Price   | Transac<br>(Instr. 3  | tion(s)  |  |  | (Instr. 4)                               |  |
| Common Stock 02/08/20  |                               |  |        |                 |  | )24   |  |   | <b>S</b> <sup>(1)</sup> |  | 3,000                        | D   | \$250   | 36  | 36,539   |  | D  |  |  |
| Common Stock   |                               |  |        |                 |  |   |  |   |                         |  |                              |   |   | 15,   | 15,625   |  | I  | See footnote.(2)                         |  |
| 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<br>Date<br>(Month/Day/Year) | if any |                 |  | Transaction Code (Instr.  |  | 5. Number<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3, 4<br>and 5) |                         | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |                              |   | e and<br>nt of<br>ities<br>lying<br>ative<br>ity (Instr.<br>4)                                    | 8. Price of<br>Derivative<br>Security<br>(Instr. 5)   | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 4) |  | 10.<br>Ownersh<br>Form:<br>Direct (D<br>or Indire<br>(I) (Instr. | Beneficial<br>Ownership<br>ct (Instr. 4) |  |
|  |                               |  |        |                 | Code   | v   | (A)  | (D)   | Date<br>Exercisable     |  | Expiration<br>Date           | Title   | Number<br>of<br>Shares  |   |  |  |  |  |  |

## **Explanation of Responses:**

- 1. The sale reported in the Form 4 was effected pursuant to a Rule 10b5-1 trading plan adopted on July 5, 2023.
- 2. The shares are held of record by The Blasing Family Revocable Trust U/A dtd 12/22/2005 for which the reporting person serves as trustee.

## Remarks:

/s/ Torrie Nute, by power of attorney

02/08/2024

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.