(Street) SAN JOSE

 $\mathbf{C}\mathbf{A}$ 

95134

FORM 4

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

Washington,	D.C.	20549
wasnington,	D.C.	20549

Check this box if no longer subjec
to Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(b)

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

					or Se	ction	1 30(h) o	f the I	nvestm	ent Co	mpany Act of	1940								
Name and Address of Reporting Person*     Chaudhry Jagtar Singh					2. Issuer Name and Ticker or Trading Symbol  Zscaler, Inc. [ ZS ]									Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director X 10% Owner						
(Last)	(First) (Middle) ZSCALER, INC.					3. Date of Earliest Transaction (Month/Day/Year) 12/05/2023									X Officer (give title Ott below) CEO & Chairman					
120 HOI	GER WAY	7			4. If A	Amen	ndment,	Date o	of Origin	al File	ed (Month/Day	y/Year)		. Individual	or Joint/Gr	oup Filir	ng (Chec	k App	licable	
(Street) SAN JOS	•													Line) Form filed by One Reporting Person  Form filed by More than One Reporting Person						
(City)	(State) (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	urities	Acc	quired	l, Dis	posed of	or B	enefic	ially Owi	ned					
Date			2. Transacti Date (Month/Day		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)					Benefic Owned	es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
								Code	v	Amount	(A) or (D)		Reporte Transac (Instr. 3	tion(s)			(Inst	r. 4)		
Common Stock		12/05/2023				G		29,000	D	\$0	24,3	24,389,229		I		See Footnote <sup>(1)</sup>				
Common	Stock													2,17	2,177,994				See Footnote <sup>(2)</sup>	
Common	ommon Stock												372	2,091	1 D					
Common Stock												6,666				See	tnote(3)			
		Tal	ble II								osed of, c				d					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	se (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		5. Number of		6. Date Exer Expiration I (Month/Day)		cisable and	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numb derivativ Securitie Benefici Owned Followin Reporter Transaci (Instr. 4)	e Owners Form: Direct (I or Indire g (I) (Instr		Beneficial Ownershi ect (Instr. 4)		
				Code	v	V (A) (D)		Date Exerci	sable	Expiration Date Titl		Amount or Number of Shares								
	nd Address o ary Jagtar	Reporting Person* Singh																		
	CALER, IN		(M	liddle)																
(Street)	SE	CA	95	5134																
(City)		(State)	(Zi	ip)																
	nd Address o	Reporting Person*																		
	CALER, IN LGER WAY		(M	liddle)																



## **Explanation of Responses:**

- 1. The shares are held of record by Jyoti Chaudhry TTEE The RSP Trust U/A DTD 06/07/2017.
- 2. The shares are held of record by Jagtar S Chaudhry TTEE The RSJ Trust U/A DTD 06/07/2017.
- 3. The shares are held of record by The P. Jyoti Chaudhry Family Trust dated March 1, 2000 for which Ms. Kaur serves as trustee.

## Remarks:

/s/ Torrie Nute, by power of attorney

12/06/2023

\*\* 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.