FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| STATEMENT C | OF CHANGES IN | BENEFICIAL | OWNERSHIP |
|-------------|---------------|------------|-----------|
| | | | |

| OMB APPROVAL | | | | | | | | |
|--------------------------|-------|--|--|--|--|--|--|--|
| OMB Number: 3235-0 | | | | | | | | |
| 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

| 1. Name and Address of Reporting Person* <u>CANESSA REMO</u> | | | | 2. Issuer Name and Ticker or Trading Symbol Zscaler, Inc. [ZS] | | | | | | | | | neck all app Direc | licable) tor | | rson(s) to Is | vner | | |
|--|-------|---------|--|--|--|--|--------|-----------------------|---|--------|---|---|--|------------------------------------|--|--|---------|-----------------------------|--|
| (Last) | (Fir | , | /liddle) | | 3. Date of Earliest Transaction (Month/Day/Year) 11/13/2023 | | | | | | | | ^ belov | er (give title v) Chief Fina | | Other (s below) Officer | specify | | |
| 120 HOLGER WAY | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Lin | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | | |
| (Street) | SE CA | . 9 | 5134 | | | | | | | | | | | | | filed by Mo | | orting Perso In One Repo | |
| (City) | (Sta | ate) (Z | ːip) | | 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 | n-Deriva | tive S | Secui | rities | Acq | uired, | Dis | posed of | , or E | 3ene | ficia | ally Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | Execution (y/Year) if any | | cution Date, | | | | es Acquired (A) Of (D) (Instr. 3, 4 | | | Benefic Owned | ties cially Following | Forn (D) o | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | Code | v | Amount | (A) |) or) | Price | Transa | eported ransaction(s) nstr. 3 and 4) | | | (Instr. 4) | |
| Common Stock 11/13/2 | | | | 2023 | | A | | 17,303 ⁽¹⁾ |)] | A | \$ <mark>0</mark> | 27 | 1,175 | | D | | | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Conversion or Exercise Price of Derivative Security | | | Transaction of Code (Instr. Deriva | | vative irities ired r osed) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | te | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | Amo or Num of Shar | ber | | | | | |

Explanation of Responses:

1. The reported shares are represented by restricted stock units, or RSUs, which vest in 12 equal quarterly installments beginning on June 15, 2024.

Remarks:

/s/ Torrie Nute, by power of attorney

11/14/2023

** 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.