Instruction 1(b)

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

Check this box if no longer subject to	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
Section 16. Form 4 or Form 5	
obligations may continue. See	

OMB APPROVAL OMB Number:

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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* BLASING KAREN						2. Issuer Name and Ticker or Trading Symbol Zscaler, Inc. [ZS]									k all app	olicable)		Person(s) to Issuer 10% Owner		
	(Fii	<u>.</u>	Middle	e)		3. Date of Earliest Transaction (Month/Day/Year) 06/17/2019									Offic belov	er (give title w)	Other (specify below)			
110 ROSE ORCHARD WAY						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) SAN JOS	SE CA 95134														X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(St		Zip)																	
		Tabl	e I -	Non-Deriv				s A		ired, D				ially	_					
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye					Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Disposed Of	Beneficially Owned Following		ties cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership					
									Code	e V	Amount	(A) or (D)	Price			action(s) 3 and 4)			(Instr. 4)	
Common Stock 06/17/20				06/17/20)19	19			S ⁽¹⁾		400	D	\$76.21	65(2)	4	43,194		D		
Common Stock 06/17/201)19	9			S ⁽¹⁾		500	D	\$77.56	36 ⁽³⁾	4	42,694		D		
Common	Stock			06/17/20)19				S ⁽¹⁾		100	D	\$78.	49	49 42,594 D					
Common	Stock														15,625				See footnote ⁽⁴⁾	
		Та	ıble I	I - Derivat (e.g., p							posed of, convertib				wned					
Derivative Conversion Date Executive or Exercise (Month/Day/Year) if an		eemed ution Date, rth/Day/Year)		Transaction Code (Instr. 8)		ivative urities uired or cosed o) tr. 3, 4 5)		6. Date Exercisabl Expiration Date (Month/Day/Year) Date Exp		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of		Der Sec (Ins	rice of ivative urity tr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	,	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			

Explanation of Responses:

- $1. \ The sale \ reported in this Form 4 was effected pursuant to a Rule 10b5-1 \ trading \ plan \ adopted \ on \ December \ 29, 2018.$
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$75.93 to \$76.79, inclusive. The reporting person undertakes to provide to the Issuer, any security holder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in footnotes (2) and (3) to this Form 4.
- 3. The price reported in Column 4 is weighted average price. These shares were sold in multiple transactions at prices ranging from \$77.25 to \$78.19, inclusive.
- 4. 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

06/18/2019

** 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.