

**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP**

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

| OMB APPROVAL                                 |           |
|--|-----------|
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|  |  |  |
|--|--|--|
| 1. Name and Address of Reporting Person*<br><u>Mangal Ajay</u><br><br>(Last) (First) (Middle)<br><u>C/O ZSCALER, INC.</u><br><u>120 HOLGER WAY</u><br><br>(Street)<br><u>SAN JOSE CA 95134</u><br><br>(City) (State) (Zip) | 2. Issuer Name and Ticker or Trading Symbol<br><u>Zscaler, Inc. [ ZS ]</u> | 5. Relationship of Reporting Person(s) to Issuer<br>(Check all applicable)<br><br>Director <input checked="" type="checkbox"/> 10% Owner<br><br>Officer (give title below) Other (specify below)                   |
|  | 3. Date of Earliest Transaction (Month/Day/Year)<br><u>12/31/2019</u>      |  |
|  |  | 6. Individual or Joint/Group Filing (Check Applicable Line)<br><br><input checked="" type="checkbox"/> Form filed by One Reporting Person<br><input type="checkbox"/> Form filed by More than One Reporting Person |

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) |   | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) |            |        | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--------------------------------------|--|--------------------------------|---|---|------------|--------|---|--|---|
|                                 |                                      |  | Code                           | V | Amount  | (A) or (D) | Price  |   |  |   |
| Common Stock                    | 12/31/2019                           |  | G                              |   | 8,258,490   | D          | \$0.00 | 1   | I  | See footnote <sup>(1)</sup>                           |
| Common Stock                    | 12/31/2019                           |  | G                              |   | 2,752,830   | A          | \$0.00 | 2,752,830   | I  | See footnote <sup>(2)</sup>                           |
| Common Stock                    | 12/31/2019                           |  | G                              |   | 2,752,830   | A          | \$0.00 | 2,752,830   | I  | See footnote <sup>(3)</sup>                           |
| Common Stock                    | 12/31/2019                           |  | G                              |   | 2,752,830   | A          | \$0.00 | 2,752,830   | I  | See footnote <sup>(4)</sup>                           |
| Common Stock                    |                                      |  |                                |   |   |            |        | 21,566,041  | I  | See footnote <sup>(5)</sup>                           |

**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. Transaction Code (Instr. 8) |   | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) |     | 6. Date Exercisable and Expiration Date (Month/Day/Year) |                 | 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 Exercisable   | Expiration Date |   |  |  |   |  |

1. Name and Address of Reporting Person\*  
Mangal Ajay  
  
 (Last) (First) (Middle)  
C/O ZSCALER, INC.  
120 HOLGER WAY  
  
 (Street)  
SAN JOSE CA 95134  
  
 (City) (State) (Zip)

1. Name and Address of Reporting Person\*  
CJCP Trust  
  
 (Last) (First) (Middle)  
C/O ZSCALER, INC.  
120 HOLGER WAY  
  
 (Street)  
 (City) (State) (Zip)

|          |          |       |       |
|----------|----------|-------|-------|
| (Street) | SAN JOSE | CA    | 95134 |
| (City)   | (State)  | (Zip) |       |

**Explanation of Responses:**

1. The shares are held of record by The CKS Trust for which Mr. Mangal serves as trustee.
2. The shares are held of record by The CKS Trust for the benefit of YPC dated 12/30/2017.
3. The shares are held of record by The CKS Trust for the benefit of SRC dated 12/30/2017.
4. The shares are held of record by The CKS Trust for the benefit of SDC dated 12/30/2017.
5. The shares are held of record by The CJCP Trust for which Mr. Mangal serves as trustee.

**Remarks:**

[/s/ Torrie Nute, by power of attorney for Ajay Mangal](#)      [02/14/2020](#)

[/s/ Torrie Nute, by power of attorney for Ajay Mangal as trustee for the CJCP Trust](#)      [02/14/2020](#)

\*\* 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.**