1. Name and Address of Reporting Person
SALESFORCE COM INC

SALESFORCE COM INC
415 MISSION STREET
3RD FLOOR
SAN FRANCISCO CA 94105

2. Date of Event Requiring Statement
04/23/2019

3. Issuer Name and Ticker or Trading Symbol
Zoom Video Communications, Inc. [ ZM ]

4. Relationship of Reporting Person(s) to Issuer
Director

5. If Amendment, Date of Original Filed

6. Individual or Joint/Group Filing (Check Applicable Line)
X Form filed by One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

<table>
<thead>
<tr>
<th>1. Title of Security (Instr. 4)</th>
<th>2. Amount of Securities Beneficially Owned (Instr. 4)</th>
<th>3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)</th>
<th>4. Nature of Indirect Beneficial Ownership</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class A Common Stock</td>
<td>2,777,777</td>
<td>I</td>
<td>See Footnote(1)</td>
</tr>
</tbody>
</table>

Table II - Derivative Securities Beneficially Owned

<table>
<thead>
<tr>
<th>1. Title of Derivative Security (Instr. 4)</th>
<th>2. Date Exercisable and Expiration Date (Month/Day/Year)</th>
<th>3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)</th>
<th>4. Conversion or Exercise Price of Derivative Security</th>
<th>5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)</th>
<th>6. Nature of Indirect Beneficial Ownership (Instr. 5)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Date Exercisable Expiration Date Number of Shares Title Amount or Number of Shares</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Explanation of Responses:
1. By Salesforce Ventures LLC, a Delaware limited liability company and wholly owned subsidiary of salesforce.com, Inc.

Remarks:
/s/ Amy Weaver, President, Legal & Corporate Affairs, General Counsel and Secretary
05/02/2019

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 5 (b)(v).
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.