1. Name and Address of Reporting Person*  
Sankarlingam Velchamy  
(C/O ZOOM VIDEO COMMUNICATIONS, INC.  
6TH FLOOR)  
SAN JOSE CA 95113

2. Date of Event Requiring Statement (Month/Day/Year)  
06/12/2020

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

4. Relationship of Reporting Person(s) to Issuer  
(X) Officer (give title below)  
Pres. of Engineering & Product

5. If Amendment, Date of Original Filed (Month/Day/Year)  

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>Title of Security (Instr. 4)</th>
<th>Amount of Securities Beneficially Owned (Instr. 4)</th>
<th>Ownership Form: Direct (D) or Indirect (I) (Instr. 5)</th>
<th>Nature of Indirect Beneficial Ownership (Instr. 5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class A Common Stock</td>
<td>36,060</td>
<td>I</td>
<td>Velchamy Family Trust</td>
</tr>
<tr>
<td>Class A Common Stock</td>
<td>2,000</td>
<td>I</td>
<td>By Janani Velchamy</td>
</tr>
<tr>
<td>Class A Common Stock</td>
<td>2,000</td>
<td>I</td>
<td>By Ashwini Velchamy</td>
</tr>
<tr>
<td>Class A Common Stock</td>
<td>2,000</td>
<td>I</td>
<td>By Harshini Velchamy</td>
</tr>
</tbody>
</table>

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

<table>
<thead>
<tr>
<th>Title of Derivative Security (Instr. 4)</th>
<th>Date Exercisable</th>
<th>Expiration Date</th>
<th>Title</th>
<th>Amount or Number of Shares</th>
<th>Conversion or Exercise Price of Derivative Security</th>
<th>Ownership Form: Direct (D) or Indirect (I) (Instr. 5)</th>
<th>Nature of Indirect Beneficial Ownership (Instr. 5)</th>
</tr>
</thead>
</table>

Explanations of Responses:

Remarks:

/s/ Aparna Bawa,  
Attorney-in-Fact  
06/22/2020

** 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 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.