

PROOF OF CLAIM

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA
OAKLAND DIVISION

Impax Securities Settlement
c/o JND Legal Administration
PO Box 91417
Seattle, WA 98111
Toll-Free Number: 1-833-823-0051
Email: info@ImpaxSecuritiesSettlement.com
Website: www.ImpaxSecuritiesSettlement.com

To be eligible to receive a share of the Net Settlement Fund in connection with the Settlement of this Litigation, you must complete and sign this Proof of Claim form ("Claim Form") and mail it by first-class mail to the above address, ***postmarked no later than March 21, 2022 or submit it online at the above website on or before March 21, 2022.***

Failure to submit your Claim Form by the date specified will subject your claim to rejection and may preclude you from being eligible to receive any money in connection with the Settlement.

Do not mail or deliver your Claim Form to the Court, the parties to the Litigation, or their counsel. Submit your Claim Form only to the Claims Administrator at the address set forth above.

CONTENTS

| | | | |
|-----------|--|-----------|--|
| 02 | I. INSTRUCTIONS A. GENERAL INSTRUCTIONS B. CLAIMANT IDENTIFICATION C. CLAIM FORM | 07 | IV. SCHEDULE OF TRANSACTIONS IN 2% CONVERTIBLE SENIOR NOTES |
| 05 | II. CLAIMANT IDENTIFICATION | 07 | V. SUBMISSION TO JURISDICTION OF COURT AND ACKNOWLEDGMENTS |
| 06 | III. SCHEDULE OF TRANSACTIONS IN IMPAX COMMON STOCK | 08 | VI. RELEASE |

I. INSTRUCTIONS

A. GENERAL INSTRUCTIONS

1. To recover as a member of the Class based on your claims in the action entitled *Fleming v. Impax Laboratories Inc., et al.*, Case No. 4:16-cv-06557-HSG (the "Litigation"), you must complete and, on page 8 hereof, sign this Proof of Claim form ("Claim Form"). If you fail to file a properly addressed (as set forth in paragraph 3 below) Claim Form, your claim may be rejected, and you may be precluded from any recovery from the Net Settlement Fund created in connection with the proposed settlement of the Litigation.

2. Submission of this Claim Form, however, does not assure that you will share in the proceeds of settlement in the Litigation.

3. **YOU MUST MAIL OR SUBMIT ONLINE YOUR COMPLETED AND SIGNED CLAIM FORM ON OR BEFORE MARCH 21, 2022, ADDRESSED AS FOLLOWS:**

Impax Securities Settlement
c/o JND Legal Administration
PO Box 91417
Seattle, WA 98111
www.ImpaxSecuritiesSettlement.com

If you are NOT a member of the Class, as defined below and in the Notice of Pendency and Proposed Settlement of Class Action (the "Notice"), DO NOT submit a Claim Form.

4. If you are a member of the Class and you do not timely and validly request exclusion from the Class, you are bound by the terms of any judgment entered in the Litigation, including the releases provided therein, WHETHER OR NOT YOU SUBMIT A CLAIM FORM.

5. It is important that you completely read and understand the Notice that accompanies this Claim Form, including the Plan of Allocation of the Net Settlement Fund set forth in the Notice. The Notice describes the proposed Settlement, how Class Members are affected by the Settlement, and the manner in which the Net Settlement Fund will be distributed if the Settlement and Plan of Allocation are approved by the Court. The Notice also contains the definitions of many of the defined terms (which are indicated by initial capital letters) used in this Claim Form. By signing and submitting this Claim Form, you will be certifying that you have read and that you understand the Notice, including the terms of the releases described therein and provided for herein.

B. CLAIMANT IDENTIFICATION

1. If you purchased or acquired Impax common stock or 2% Convertible Senior Notes and held the certificate(s) in your name, you are the beneficial purchaser or acquirer as well as the record purchaser or acquirer. If, however, the certificate(s) were registered in the name of a third party, such as a nominee or brokerage firm, you are the beneficial purchaser and the third party is the record purchaser.

2. Use Part II of this form entitled "Claimant Identification" to identify the beneficial owner(s) of Impax common stock or 2% Convertible Senior Notes. The complete name(s) of the beneficial owner(s) must be entered. If you held the eligible Impax common stock or 2% Convertible Senior Notes in your own name, you are the beneficial owner as well as the record owner. If, however, your shares of eligible Impax common stock or 2% Convertible Senior Notes were registered in the name of a third party, such as a nominee or brokerage firm, you are the beneficial owner of these shares, but the third party is the record owner. **THIS CLAIM MUST BE FILED AND SIGNED BY THE ACTUAL BENEFICIAL PURCHASER(S) OR ACQUIRER(S) OR THE LEGAL REPRESENTATIVE OF SUCH PURCHASER(S) OR ACQUIRER(S) OF THE IMPAX COMMON STOCK OR 2% CONVERTIBLE SENIOR NOTES UPON WHICH THIS CLAIM IS BASED.**

3. All joint purchasers must sign this Claim Form and be identified in Part II. The Social Security (or taxpayer identification) number and telephone number of the beneficial owner may be used in verifying the claim. Failure to provide the foregoing information could delay verification of your claim or result in rejection of the claim.

4. **One Claim should be submitted for each separate legal entity.** Separate Claim Forms should be submitted for each separate legal entity (e.g., a claim from joint owners should not include separate transactions of just one of the joint owners, and an individual should not combine his or her IRA transactions with transactions made solely in the individual's name). Conversely, a single Claim Form should be submitted on behalf of one legal entity including all transactions made by that entity on one Claim Form, no matter how many separate accounts that entity has (e.g., a corporation with multiple brokerage accounts should include all transactions made in all accounts on one Claim Form).

5. Agents, executors, administrators, guardians, and trustees must complete and sign the Claim Form on behalf of persons represented by them, and they must:

- (a) expressly state the capacity in which they are acting;
- (b) identify the name, account number, Social Security Number (or taxpayer identification number), address, and telephone number of the beneficial owner of (or other person or entity on whose behalf they are acting with respect to) the Impax common stock or 2% Convertible Senior Notes; and
- (c) furnish herewith evidence of their authority to bind to the Claim Form the person or entity on whose behalf they are acting. (Authority to complete and sign a Claim Form cannot be established by stockbrokers demonstrating only that they have discretionary authority to trade securities in another person's accounts.)

6. By submitting a signed Claim Form, you will be swearing that you:

- (a) own or owned the Impax common stock or 2% Convertible Senior Notes you have listed in the Claim Form; or
- (b) are expressly authorized to act on behalf of the owner thereof.

C. CLAIM FORM

1. Use Part III of this form entitled "Schedule of Transactions in Impax Common Stock" and use Part IV of this form entitled "Schedule of Transactions in 2% Convertible Senior Notes" to supply all required details of your transaction(s) in Impax common stock and Notes. If you need more space or additional schedules, attach separate sheets giving all of the required information in substantially the same form. Sign and print or type your name on each additional sheet.

2. On the schedules, provide all of the requested information with respect to all of your purchases and acquisitions and all of your sales of Impax common stock and 2% Convertible Senior Notes that took place at any time on or between and including February 20, 2014 and November 4, 2016, whether such transactions resulted in a profit or a loss. Failure to report all such transactions may result in the rejection of your claim. Also, list the number of shares of Impax common stock held at the close of trading on February 19, 2014 and November 4, 2016.

3. List each transaction in the Class Period separately and in chronological order, by trade date, beginning with the earliest. You must accurately provide the month, day and year of each transaction you list.

4. You are required to submit genuine and sufficient documentation for all of your transactions in and holdings of Impax common stock or 2% Convertible Senior Notes set forth in the Claim Form. Documentation may consist of copies of brokerage confirmation slips or monthly brokerage account statements, or an authorized statement from your broker containing the transactional and holding information

found in a broker confirmation slip or account statement. The parties and the Claims Administrator do not independently have information about your investments in Impax common stock or 2% Convertible Senior Notes. IF SUCH DOCUMENTS ARE NOT IN YOUR POSSESSION, PLEASE OBTAIN COPIES OF THE DOCUMENTS OR EQUIVALENT DOCUMENTS FROM YOUR BROKER. FAILURE TO SUPPLY THIS DOCUMENTATION MAY RESULT IN THE REJECTION OF YOUR CLAIM. DO NOT SEND ORIGINAL DOCUMENTS. **Please keep a copy of all documents that you send to the Claims Administrator. Also, do not highlight any portion of the Claim Form or any supporting documents.**

5. The above requests are designed to provide the minimum amount of information necessary to process the simplest claims. The Claims Administrator may request additional information as required to efficiently and reliably calculate your losses. In the event the Claims Administrator cannot perform the calculation accurately or at a reasonable cost to the Class with the information provided, the Claims Administrator may condition acceptance of the claim upon the production of additional information and/or the claimant's responsibility for any increased costs due to the nature and/or scope of the claim.

6. If the Court approves the Settlement, payments to eligible Authorized Claimants pursuant to the Plan of Allocation (or such other plan of allocation as the Court approves) will be made after any appeals are resolved, and after the completion of all claims processing. The claims process will take substantial time to complete fully and fairly. Please be patient.

7. **PLEASE NOTE:** As set forth in the Plan of Allocation, each Authorized Claimant shall receive his, her or its *pro rata* share of the Net Settlement Fund. If the prorated payment to any Authorized Claimant calculates to less than \$10.00, it will be increased to \$10.

8. If you have questions concerning the Claim Form, or need additional copies of the Claim Form or the Notice, you may contact the Claims Administrator, JND Legal Administration, at the address on the first page of the Claim Form, by email at info@ImpaxSecuritiesSettlement.com, or by toll-free phone at 1-833-823-0051, or you can visit the website, www.ImpaxSecuritiesSettlement.com, where copies of the Claim Form and Notice are available for downloading.

9. **NOTICE REGARDING ELECTRONIC FILES:** Certain claimants with large numbers of transactions may request, or may be requested, to submit information regarding their transactions in electronic files. To obtain the **mandatory** electronic filing requirements and file layout, you may visit the Settlement website at www.ImpaxSecuritiesSettlement.com or you may email the Claims Administrator's electronic filing department at info@ImpaxSecuritiesSettlement.com. **Any file not in accordance with the required electronic filing format will be subject to rejection.** Only one claim should be submitted for each separate legal entity (see ¶B.4 above) and the **complete** name of the beneficial owner(s) of the securities must be entered where called for (see ¶B.2 above). No electronic files will be considered to have been submitted unless the Claims Administrator issues an email to that effect. **Do not assume that your file has been received until you receive this email. If you do not receive such an email within 10 days of your submission, you should contact the electronic filing department at info@ImpaxSecuritiesSettlement.com to inquire about your file and confirm it was received.**

IMPORTANT: PLEASE NOTE

YOUR CLAIM IS NOT DEEMED FILED UNTIL YOU RECEIVE AN ACKNOWLEDGEMENT POSTCARD. THE CLAIMS ADMINISTRATOR WILL ACKNOWLEDGE RECEIPT OF YOUR CLAIM FORM BY MAIL, WITHIN 60 DAYS. IF YOU DO NOT RECEIVE AN ACKNOWLEDGEMENT POSTCARD WITHIN 60 DAYS, CALL THE CLAIMS ADMINISTRATOR TOLL FREE AT 1-833-823-0051.

II. CLAIMANT IDENTIFICATION

Beneficial Owner's First Name

MI

Beneficial Owner's Last Name

Joint Beneficial Owner's First Name (if applicable)

MI

Joint Beneficial Owner's Last Name

Name of Representative, if applicable (executor, administrator, trustee, c/o, etc.), if different from Beneficial Owner

Street Address 1

Street Address 2 (apartment, unit or box number)

City

State or Province

Zip Code or Postal Code

Country

Last 4 Digits of Social Security Number or Taxpayer Identification Number

Claimant Account Type

Individual (includes joint owner accounts)

Other (please specify): _____

Corporation

Work Telephone Number

Home Telephone Number

Record Owner's Name (if different from beneficial owner listed above)

III. SCHEDULE OF TRANSACTIONS IN IMPAX COMMON STOCK

Please be sure to include proper documentation with your Claim Form as described in detail in ¶C.4 of the Instructions. Do not include information regarding securities other than Impax common stock.

| A. Number of shares of Impax common stock held at the close of trading on February 19, 2014. (Must be documented.) If none, write "zero": | | | | <input style="width: 90%;" type="text"/> |
|--|---|---|---|--|
| B. Purchases or acquisitions of Impax common stock (February 20, 2014 - November 4, 2016, inclusive) (Must be documented.): | | | | |
| Date of Purchase/ Acquisition (Trade Date) Mo. / Day / Year | Number of Shares Purchased or Acquired | Purchase / Acquisition Price Per Share | Total Purchase or Acquisition Price (excluding any taxes, commissions, and fees) | |
| / / | | \$ | \$ | |
| / / | | \$ | \$ | |
| / / | | \$ | \$ | |
| / / | | \$ | \$ | |
| C. Sales of Impax common stock (February 20, 2014-November 4, 2016, inclusive) (Must be documented.): | | | | |
| Trade Date Mo. / Day / Year | Number of Shares Sold | Sale Price Per Share | Total Sales Price (not deducting any taxes, commissions, and fees) | |
| / / | | \$ | \$ | |
| / / | | \$ | \$ | |
| / / | | \$ | \$ | |
| D. Number of shares of Impax common stock held at the close of trading on November 4, 2016. (Must be documented.) If none, write "zero": | | | | <input style="width: 90%;" type="text"/> |
| <p>If you require additional space, attach extra schedules in the same format as above. Sign and print your name on each additional page.</p> | | | | |

**YOU MUST READ AND SIGN THE RELEASE ON PAGE 8. FAILURE TO SIGN THE RELEASE MAY
RESULT IN A DELAY IN PROCESSING OR THE REJECTION OF YOUR CLAIM.**

IV. SCHEDULE OF TRANSACTIONS IN 2% CONVERTIBLE SENIOR NOTES

List each individual purchase of Impax 2% Convertible Senior Notes from **February 20, 2014 through November 4, 2016**, inclusive, as follows: (a) the trade date; (b) price per \$1,000 par; (c) the principal amount (face value or par value); and (d) the total amount paid (including commissions, taxes and fees) or the total amount received (net of commissions, taxes and fees). If you require additional space, attach extra sheets in the same format as below.

| (a) Trade Date Mo. / Day / Year (List in chronological order) | (b) Price per \$1,000 Par | (c) Principal Amount (Face value or par value) | (d) Total Transaction Amount |
|--|------------------------------|--|------------------------------------|
| / / | | \$ | \$ |
| / / | | \$ | \$ |
| / / | | \$ | \$ |

List each **sale** that occurred from **February 20, 2014 through November 4, 2016**, inclusive as follows:

| (a) Trade Date Mo. / Day / Year (List in chronological order) | (b) Price per \$1,000 Par | (c) Principal Amount (Face value or par value) | (d) Total Transaction Amount (net of commissions, taxes and fees) |
|--|------------------------------|--|--|
| / / | | \$ | \$ |
| / / | | \$ | \$ |
| / / | | \$ | \$ |

Face Value/Par Value held as of close of trading on 11/4/2016

V. SUBMISSION TO JURISDICTION OF COURT AND ACKNOWLEDGMENTS

I (We) submit this Claim Form under the terms of the Stipulation of Settlement dated July 30, 2021 ("Stipulation") described in the Notice. I (We) also submit to the jurisdiction of the United States District Court for the Northern District of California, Oakland Division, with respect to my (our) claim as a Class Member (as defined in the Notice) and for purposes of enforcing the release set forth herein. I (We) further acknowledge that I am (we are) bound by and subject to the terms of any judgment that may be entered in the Litigation. I (We) agree to furnish additional information to Lead Counsel and/or the Claims Administrator to support this claim if required to do so. I (We) have not submitted any other claim covering the same purchases, acquisitions, or sales of Impax common stock or 2% Convertible Senior Notes during the Class Period and know of no other Person having done so on my (our) behalf.

VI. RELEASE

1. I (We) hereby acknowledge full and complete satisfaction of, and do hereby fully, finally and forever settle, release, relinquish and discharge all of the Released Claims (including Unknown Claims) against each and all of the Released Defendant Parties, all as defined herein and in the Notice and Stipulation.

2. This release shall be of no force or effect unless and until the Court approves the Stipulation and it becomes effective on the Effective Date.

3. I (We) hereby warrant and represent that I (we) have not assigned or transferred or purported to assign or transfer, voluntarily or involuntarily, any matter released pursuant to this release or any other part or portion thereof and have not submitted any other claim covering the same purchases of Impax common stock or 2% Convertible Senior Notes and know of no other person having done so on my (our) behalf.

4. I (We) hereby warrant and represent that I (we) have included all requested information about all of my (our) purchases or acquisitions of Impax common stock or 2% Convertible Senior Notes during the Class Period, as well as the number of shares of Impax common stock held at the close of trading on February 19, 2014 and November 4, 2016.

5. The number(s) shown on this form is (are) the correct SSN/TIN(s).

6. I (We) waive the right to trial by jury, to the extent it exists, and agree to the determination by the Court of the validity or amount of this claim, and waive any right of appeal or review with respect to such determination.

7. I (We) certify that I am (we are) NOT subject to backup withholding under the provisions of Section 3406(a)(1)(C) of the Internal Revenue Code.

(NOTE: If you have been notified by the Internal Revenue Service that you are subject to backup withholding, you must cross out Item 7 above.)

I (We) declare under penalty of perjury under the laws of the United States of America that the foregoing information supplied by the undersigned is true and correct.

Executed this ____ day of _____, 20____,
(Month/Year)

in _____, _____.
(City) (State/Country)

(Sign your name here)

(Type or print your name here)

(Capacity of person(s) signing, e.g., Beneficial Purchaser or Acquirer, Executor or Administrator)

For Joint Beneficial Purchaser, if any:

(Sign your name here)

(Type or print your name here)

ACCURATE CLAIMS PROCESSING TAKES A SIGNIFICANT AMOUNT OF TIME.
THANK YOU FOR YOUR PATIENCE.

REMINDER CHECKLIST:



1. Please sign the above release and acknowledgment.
2. Remember to attach copies of supporting documentation, if available.
3. Do not send original stock certificates. Attach only ***copies*** of acceptable supporting documentation as these documents will not be returned to you.



4. Keep a copy of your Claim Form and all supporting documentation for your records.
5. The Claims Administrator will acknowledge receipt of your Claim Form by mail, within 60 days. Your claim is not deemed filed until you receive an acknowledgement postcard. **If you do not receive an acknowledgement postcard within 60 days, please call the Claims Administrator toll free at 1-833-823-0051.**



6. If you move, please send us your new address.
7. If you have any questions or concerns regarding your claim, contact the Claims Administrator at Impax Securities Settlement, c/o JND Legal Administration, PO Box 91417, Seattle, WA 98111, by email at info@ImpaxSecuritiesSettlement.com, or by toll-free phone at 1-833-823-0051, or you may visit www.ImpaxSecuritiesSettlement.com. **DO NOT** call Impax, the other Defendants, or their counsel with questions regarding your claim.