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UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA
SOUTHERN DIVISION

HsingChing Hsu v. Puma Biotechnology, Inc.

Case No. 8:15-cv-00865

PROOF OF CLAIM

Please Type or Print in the Boxes Below

Do NOT use Red Ink, Pencil, or Staples

Must be Postmarked (if Mailed)
or Received (if Submitting Online)
No Later Than January 28, 2020

PUY

PART I: CLAIMANT IDENTIFICATION

Last Name M.I. First Name

Last Name (Co-Beneficial Owner) M.I. First Name (Co-Beneficial Owner)

IRA Joint Tenancy Employee Individual Other

Company Name (Beneficial Owner - If Claimant is not an Individual) or Custodian Name if an IRA (specify)

Trustee/Asset Manager/Nominee/Record Owner's Name (If Different from Beneficial Owner Listed Above)

Account#/Fund# (Not Necessary for Individual Filers)

Social Security Number — — Taxpayer Identification Number — —

Telephone Number (Work) — — Telephone Number (Home) — —

Email Address

MAILING INFORMATION

Address

Address

City State Zip Code

Foreign Province Foreign Postal Code Foreign Country Name/Abbreviation

FOR CLAIMS PROCESSING ONLY	OB <input type="text"/>	CB <input type="text"/>	<input type="radio"/> ATP	<input type="radio"/> BE	<input type="radio"/> FL	<input type="radio"/> OP	MM / DD / YYYY	FOR CLAIMS PROCESSING ONLY
			<input type="radio"/> KE	<input type="radio"/> DR	<input type="radio"/> ME	<input type="radio"/> RE		
			<input type="radio"/> ICI	<input type="radio"/> EM	<input type="radio"/> ND	<input type="radio"/> SH		



TO MAKE A CLAIM YOU MUST READ AND SIGN THIS FORM.

SUBMISSION TO JURISDICTION OF COURT AND ACKNOWLEDGEMENTS

I submit this Proof of Claim under the terms of the order of the Court. I also submit to the jurisdiction of the United States District Court for the Central District of California with respect to my claim as a Class Member. I further acknowledge that I am bound by and subject to the terms of any judgment that may be entered in the Litigation. I agree to furnish additional information to the Claims Administrator, counsel for the parties, or the Court to support this claim if required to do so. I have not submitted any other claim covering the same purchases or sales of Puma common stock and know of no other person having done so on my behalf.

I hereby warrant and represent that I have not assigned or transferred or purported to assign or transfer, voluntarily or involuntarily, any claim covered by this Proof of Claim form or any portion thereof.

I (WE) DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES OF AMERICA THAT ALL OF THE FOREGOING INFORMATION SUPPLIED ON THIS PROOF OF CLAIM FORM BY THE UNDERSIGNED IS TRUE AND CORRECT.

Executed this _____ day of _____ in _____
(Month/Year) (City/State/Country)

(Sign your name here)

(Sign your name here)

(Type or print your name here)

(Type or print your name here)

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

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

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

Reminder Checklist:

1. Please sign the above declaration.
2. Remember to attach supporting documentation, such as bank or broker statements or trade confirmations, if available.
3. Do not send original stock certificates.
4. Keep a copy of your claim form and all supporting documentation for your records.
5. If you desire an acknowledgment of receipt of your claim form please send it Certified Mail, Return Receipt Requested.
6. If you move, please provide your new address to the Claims Administrator by email at classact@gilardi.com or online at www.pumabiosecuritieslitigation.com.

FOR MORE INFORMATION, PLEASE GO TO WWW.PUMABIOSECURITIESLITIGATION.COM.



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