



INSYS THERAPEUTICS, INC. SECURITIES LITIGATION

ELECTRONIC CLAIM FILING GUIDELINES



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Overview

Electronic Claim Filing applies to institutions or entities that are filing multiple Proof of Claim and Release Forms on behalf of themselves and/or others, as well as individuals or entities that are filing Proof of Claim and Release Forms with a large number of transactions (50+).

Electronic Claim Filings are subject to rejection if not prepared in compliance with these Electronic Claim Filing Guidelines.

PLEASE NOTE: No Electronic Claim Filing will be considered to have been properly submitted unless the Claims Administrator issues to the filer a written acknowledgment of receipt and acceptance of electronically submitted data.

Electronic Filing Requirements

Complete and Sign a Proof of Claim and Release Form:

- One executed Proof of Claim and Release Form should be completed per submission. This Proof of Claim and Release Form serves as a master Proof of Claim and Release Form for one or all of the accounts included on your file. The Proof of Claim and Release Form is attached hereto as Appendix B.
- Complete the first page of the Proof of Claim and Release Form. Be sure to include company name, account name/number, and company address. If submitting an electronic file on behalf of several accounts, enter “Various Accounts” for the account name/number.
- Complete the signature page on the Proof of Claim and Release Form. If you are filing on behalf of your clients, you must include a letter or document providing your authorization to sign on behalf of your clients, as set forth in Appendix C.
- A valid email address must be on file with the Claims Administrator. Communication regarding deficiencies and rejections on electronically filed claims may be conducted by email. A valid email address **MUST** be included on the Proof of Claim and Release Form, and the email address provided **MUST** be updated in the event the contact person or email address changes; it is the sole responsibility of the filing party to maintain up-to-date, complete contact information with the Claims Administrator.

Prepare a cover letter:

- A cover letter **MUST** be included with the master Proof of Claim and Release Form. The cover letter must include the total number of accounts; total number of transactions; total number of shares purchased, acquired, and sold; and contact name(s) with phone number(s) and email address(es). Please see the sample cover letter as set forth in Appendix D.

Prepare a data file:

- An Excel spreadsheet or other electronic file containing account information and transactional data **MUST** be prepared in accordance with A.B. Data, Ltd.’s Electronic Claim Filing Template Mapping Instructions found in Appendix E. The following formats are acceptable: a) MEDIA: CD, DVD, and FLASH DRIVE and b) DATA: ASCII, MS EXCEL, and MS ACCESS. For your convenience, an Excel spreadsheet template is available for your use and may be downloaded from www.InsysRXSecuritiesLitigation.com.
- If you cannot provide the information in the aforementioned formats or you have other requests, questions, concerns, or comments, please email A.B. Data, Ltd., at efiling@abdata.com or you may call 866-905-8102 to speak to an Electronic Claims Filing Specialist.



Mail your executed master Proof of Claim and Release Form with a cover letter and media format to:

INSYS THERAPEUTICS, INC. SECURITIES LITIGATION
CLAIMS ADMINISTRATOR
ATTN: ELECTRONIC CLAIMS DEPARTMENT
c/o A.B. DATA, LTD.
3410 WEST HOPKINS STREET
PO BOX 170999
MILWAUKEE, WI 53217

Documentation Requirements

A.B. Data, Ltd., reserves the right to request additional documentation at any time after your Proof of Claim and Release Form and file have been received and processed. The documentation provided should be sufficient to verify the validity and accuracy of the data provided in the file.

If you provided a letter/affidavit attesting to the truth and accuracy of your data when initially submitting your file, A.B. Data may still require specific documentary evidence (trade confirmations, monthly statement, or equivalent) to verify the details of your transactions and/or holdings.

How to account for Free Receipts, Free Deliveries, and Transfers

Free receipt, free delivery, and transfer transactions are not eligible for payment unless you have additional information regarding the original purchase, acquisition, or subsequent sale. If you do not have this information, free receipt, free delivery, and transfer transactions should only be included on your electronic file for balancing purposes. You **MUST** use the following instructions when filing for accounts that have free receipt, free delivery, and transfer transactions during the Class Period:

If shares were transferred to or from a different custodian (corresponding account is not on your electronic file), you must follow these instructions:

- **SHARES RECEIVED INTO ACCOUNT:** You must account for any received shares by providing the opening position or original purchase or acquisition of these shares from the prior account.
- **SHARES DELIVERED OUT OF ACCOUNT:** You must account for any delivered shares by providing the sale and/or closing position from the subsequent account.
- **NO INFORMATION AVAILABLE ON ORIGINAL PURCHASE/ACQUISITION or SUBSEQUENT SALE:** You must provide the free receipt and/or free delivery shares in order to balance your claim. A “transfer in” should be reflected as transaction type “FR,” and a “transfer out” should be reflected as transaction type “FD” (prices and net amounts should be zero).

If shares were transferred between accounts on your file, you must follow these instructions:

- **DO NOT** claim the same purchase or acquisition transaction(s) on both accounts.
- The account that owned the shares most recently should be the account claiming the eligible purchase or acquisition. These shares should already be accounted for in the sales and/or closing position of the most recent account.
- If shares were transferred between accounts for the same beneficial owner on your file, you must combine these accounts and file all eligible purchases, acquisitions, and sales with the most recent account name and number. You must also include all opening and closing positions on the most recent account name and number.
- If you are unable to combine these accounts accordingly, you must provide the free receipt and free delivery shares in order to balance your claim. A “transfer in” should be reflected as transaction type “FR,” and a “transfer out” should be reflected as transaction type “FD” (prices and net amounts should be zero).



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Claim Balancing

All securities for each account must balance. This means that the opening position plus total purchases and acquisitions (including free receipts) **MUST EQUAL** total sales (including free deliveries) plus the closing position.

Negative values may only be given for short opening or closing positions. All other transactions must be positive values.



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Appendix A

Case Specific Information

CUSIP NUMBER:	45824V209
ISIN:	US45824V2097
TICKER SYMBOL:	INSY
CLASS DEFINITION:	All persons and entities who purchased or otherwise acquired Insys Therapeutics, Inc. common stock during the period March 3, 2015, through January 25, 2016, and were damaged thereby.
CLAIM FILING DEADLINE:	September 12, 2020

Transactions for each account should include:

Transaction Type	Definition	Valid Dates
O	Total number of shares held at the opening of trading at the beginning of the Class Period.	March 3, 2015
P	Purchases/acquisitions during the Class Period and the 90-Day Lookback Period.	March 3, 2015 through April 22, 2016
FR	Transfer into account during the Class Period and the 90-Day Lookback Period.	March 3, 2015 through April 22, 2016
S	Sales during the Class Period and the 90-Day Lookback Period.	March 3, 2015 through April 22, 2016
FD	Transfer out to another account during the Class Period and the 90-Day Lookback Period.	March 3, 2015 through April 22, 2016
C	Unsold shares at the close of trading at the end of the 90-Day Lookback Period.	April 22, 2016

*****Please see Appendix E for mapping instructions detailing how to properly submit your file. Files submitted that do not follow the mapping instructions are subject to rejection.**



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Appendix B

Insys Therapeutics, Inc. Securities Litigation
c/o A.B. Data, Ltd.
P.O. Box 170999
Milwaukee, WI 53217

Toll-Free Number: 1-866-905-8102
Email: info@InsysRXSecuritiesLitigation.com
Website: www.InsysRXSecuritiesLitigation.com

PROOF OF CLAIM AND RELEASE FORM

To be eligible to receive a share of the Net Settlement Fund in connection with the proposed Settlement of the Action with defendant Darryl S. Baker (the “Settling Defendant”), you must complete and sign this Proof of Claim and Release Form (“Claim Form”) and mail it by first-class mail to the above address, or submit it online at www.InsysRXSecuritiesLitigation.com, **postmarked (or received) no later than September 12, 2020.**

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

Do not mail or deliver your Claim Form to the Court, the Settling Parties, or their counsel. Submit your Claim Form only to the Claims Administrator at the address set forth above, or online at www.InsysRXSecuritiesLitigation.com.

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PART I – GENERAL INSTRUCTIONS

1. It is important that you completely read and understand the Notice of (I) Proposed Settlement with Defendant Darryl S. Baker; (II) Settlement Fairness Hearing; and (III) Motion for Litigation Expenses (“Settlement Notice”), including the proposed Plan of Allocation set forth therein. The Settlement Notice is available for download on the website www.InsysRXSecuritiesLitigation.com. The Settlement Notice describes the proposed Settlement of the Action with the Settling Defendant, 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 Settlement 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 Settlement Notice, including the terms of the Releases described therein and provided for herein.

2. This Claim Form is directed to **all persons and entities who purchased or otherwise acquired Insys Therapeutics, Inc. (“Insys”) common stock during the period from March 3, 2015, through January 25, 2016, and were damaged thereby (“Class”).** Certain persons and entities are excluded from the Class by definition as set forth in ¶ 29 of the Settlement Notice.

3. By submitting this Claim Form, you are making a request to share in the proceeds of the Settlement described in the Settlement Notice. **IF YOU ARE NOT A CLASS MEMBER (see definition of Class set forth in ¶ 29 of the Settlement Notice), DO NOT SUBMIT A CLAIM FORM AS YOU MAY NOT, DIRECTLY OR INDIRECTLY, PARTICIPATE IN THE SETTLEMENT. THUS, IF YOU ARE EXCLUDED FROM THE CLASS, ANY CLAIM FORM THAT YOU SUBMIT, OR THAT MAY BE SUBMITTED ON YOUR BEHALF, WILL NOT BE ACCEPTED.**

4. **Submission of this Claim Form does not guarantee that you will share in the proceeds of the Settlement. The distribution of the Net Settlement Fund will be governed by the Plan of Allocation set forth in the Settlement Notice, if it is approved by the Court, or by such other plan of allocation as the Court approves.**

5. Use the Schedule of Transactions in Part III of this Claim Form to supply all required details of your transaction(s) (including free transfers and deliveries) in and holdings of Insys common stock. On this schedule, please provide all of the requested information with respect to your holdings, purchases, acquisitions, and sales of Insys common stock, whether such transactions resulted in a profit or a loss. **Failure to report all transaction and holding information during the requested time period may result in the rejection of your claim.**

6. **Please note:** Only Insys common stock purchased or otherwise acquired during the Class Period (*i.e.*, March 3, 2015 through January 25, 2016), is eligible under the Settlement. However, pursuant to the “90-Day Look-Back Period” (described in the Plan of Allocation set forth in the Settlement Notice), your sales of Insys common stock during the period from January 25, 2016 through and including the close of trading on April 22, 2016 will be used for purposes of calculating loss amounts under the Plan of Allocation. Therefore, in order for the Claims Administrator to be able to balance your claim, the requested purchase information during the 90-Day Look-Back Period must also be provided. **Failure to report all transaction and holding information during the requested time periods may result in the rejection of your claim.**

7. You are required to submit genuine and sufficient documentation for all of your transactions in and holdings of Insys common stock set forth in the Schedule of Transactions in Part III of this 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 Settling Parties and the Claims Administrator do not independently have information about your investments in Insys common stock. **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.**

8. All joint beneficial owners must sign this Claim Form and their names must appear as “Claimants” in Part II of this Claim Form. The complete name(s) of the beneficial owner(s) must be entered. If you purchased or otherwise acquired Insys common stock during the Class Period and held the shares in your name, you are the beneficial owner as well as the record owner. If you purchased or otherwise acquired Insys common stock during the Class Period and the shares 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. The beneficial owner, not the record owner, must sign this Claim Form.

9. **One Claim Form 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).

10. 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, last four digits of the Social Security Number (or Taxpayer Identification Number), address, and telephone number of the beneficial owner of the Insys common stock (or other person or entity on whose behalf they are acting with respect to); 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.)

11. By submitting a signed Claim Form, you will be swearing to the truth of the statements contained therein and the genuineness of the documents attached thereto, subject to penalties of perjury under the laws of the United States of America. The making of false statements, or the submission of forged or fraudulent documentation, will result in the rejection of your claim and may subject you to civil liability or criminal prosecution.

12. 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 with respect to the Settlement 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.

13. **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 not be included in the calculation and no distribution will be made to that Authorized Claimant.

14. If you have questions concerning the Claim Form, or need additional copies of the Claim Form or a copy of the Settlement Notice, you may contact the Claims Administrator, A.B. Data, Ltd. by writing to the above address, by sending an email to info@InsysRXSecuritiesLitigation.com, or by calling toll free 1-866-905-8102, or you can visit the website for the Action, www.InsysRXSecuritiesLitigation.com, where copies of the Claim Form and Settlement Notice are available for downloading.

15. **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 website for the Action, www.InsysRXSecuritiesLitigation.com, or you may email the Claims Administrator's electronic filing department at info@InsysRXSecuritiesLitigation.com. **Any file submitted that is not in accordance with the required electronic filing format will be subject to rejection.** No electronic files will be considered to have been properly submitted unless the Claims Administrator issues an email to you 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 Claims Administrator's electronic filing department at info@InsysRXSecuritiesLitigation.com to inquire about your file and confirm it was received.**

IMPORTANT PLEASE NOTE:

YOUR CLAIM FORM 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 1-866-905-8102.

PART III – SCHEDULE OF TRANSACTIONS IN INSYS THERAPEUTICS, INC. COMMON STOCK

Complete this Part III if and only if you purchased or otherwise acquired Insys common stock from March 3, 2015, through January 25, 2016. Please be sure to include proper documentation with your Claim Form as described in detail in Part I – General Instructions, ¶ 7, above. Do not include information regarding securities other than Insys common stock.

1. HOLDINGS AS OF MARCH 3, 2015 – State the total number of shares of Insys common stock held as of the opening of trading on March 3, 2015. (Must be documented.) If none, write “zero” or “0.”				Confirm Proof of Position Enclosed <input type="checkbox"/>
2. PURCHASES/ACQUISITIONS FROM MARCH 3, 2015 THROUGH JANUARY 25, 2016 – Separately list each and every purchase or acquisition (including free receipts) of Insys common stock from after the opening of trading on March 3, 2015 through and including the close of trading on January 25, 2016. (Must be documented.)				
Date of Purchase/ Acquisition (List Chronologically) (Month/Day/Year)	Number of Shares Purchased/Acquired	Purchase Price Per Share	Total Purchase Price (excluding any fees, commissions, and taxes)	Confirm Proof of Purchase/Acquisition Enclosed
/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>
3. PURCHASES/ACQUISITIONS FROM JANUARY 26, 2016 THROUGH APRIL 22, 2016 – State the total number of shares of Insys common stock purchased/acquired (including free receipts) from after the opening of trading on January 26, 2016 through and including the close of trading on April 22, 2016. (Must be documented.) If none, write “zero” or “0.” ²				
4. SALES FROM MARCH 3, 2015 THROUGH APRIL 22, 2016 – Separately list each and every sale/disposition (including free deliveries) of Insys common stock from after the opening of trading on March 3, 2015 through and including the close of trading on April 22, 2016. (Must be documented.)				IF NONE, CHECK HERE <input type="checkbox"/>
Date of Sale (List Chronologically) (Month/Day/Year)	Number of Shares Sold	Sale Price Per Share	Total Sale Price (not deducting any fees, commissions, and taxes)	Confirm Proof of Sale Enclosed
/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>
5. HOLDINGS AS OF APRIL 22, 2016 – State the total number of shares of Insys common stock held as of the close of trading on April 22, 2016. (Must be documented.) If none, write “zero” or “0.”				Confirm Proof of Position Enclosed <input type="checkbox"/>
IF YOU REQUIRE ADDITIONAL SPACE FOR THE SCHEDULE ABOVE, ATTACH EXTRA SCHEDULES IN THE SAME FORMAT. PRINT THE BENEFICIAL OWNER’S FULL NAME AND LAST FOUR DIGITS OF SOCIAL SECURITY/TAXPAYER IDENTIFICATION NUMBER ON EACH ADDITIONAL PAGE. IF YOU DO ATTACH EXTRA SCHEDULES, CHECK THIS BOX.				<input type="checkbox"/>

² **Please note:** Information requested about your purchases/acquisitions of Insys common stock from after the opening of trading on January 26, 2016 through and including the close of trading on April 22, 2016 is needed in order to balance your claim; purchases/acquisitions during this period, however, are not eligible under the Settlement and will not be used for purposes of calculating your Recognized Claim under the Plan of Allocation.

PART IV - RELEASE OF CLAIMS AND SIGNATURE

YOU MUST ALSO READ THE RELEASE AND CERTIFICATION BELOW AND SIGN ON PAGE 6 OF THIS CLAIM FORM.

I (we) hereby acknowledge that, pursuant to the terms set forth in the Stipulation and Agreement of Settlement Between Lead Plaintiff and Defendant Darryl S. Baker dated May 22, 2020, without further action by anyone, upon the Effective Date of the Settlement, I (we), on behalf of myself (ourselves) and my (our) spouses, heirs, executors, administrators, predecessors, successors, and assigns, in their capacities as such, shall be deemed to have, and by operation of law and of the judgment shall have, fully, finally, and forever compromised, settled, released, resolved, relinquished, waived, and discharged each and every Released Class Representative's Claim against the Settling Defendant and the other Settling Defendant's Releasees, and shall forever be barred and enjoined from prosecuting any or all of the Released Class Representative's Claims against any of the Settling Defendant's Releasees.

CERTIFICATION

By signing and submitting this Claim Form, the claimant(s) or the person(s) who represent(s) the claimant(s) agree(s) to the release above and certifies (certify) as follows:

1. that I (we) have read and understand the contents of the Settlement Notice and this Claim Form, including the Releases provided for in the Settlement of the Action with the Settling Defendant and the terms of the Plan of Allocation;
2. that the claimant(s) is a (are) member(s) of the Class, as defined in the Settlement Notice, and is (are) not excluded by definition from the Class as set forth in the Settlement Notice;
3. that I (we) own(ed) the Insys common stock identified in the Claim Form and have not assigned the claim against the Settling Defendant or any of the other Settling Defendant's Releasees to another, or that, in signing and submitting this Claim Form, I (we) have the authority to act on behalf of the owner(s) thereof;
4. that the claimant(s) has (have) not submitted any other claim covering the same purchases/acquisitions of Insys common stock and knows (know) of no other person having done so on the claimant's (claimants') behalf;
5. that the claimant(s) submit(s) to the jurisdiction of the Court with respect to claimant's (claimants') claim and for purposes of enforcing the Releases set forth herein;
6. that I (we) agree to furnish such additional information with respect to this Claim Form as Class Counsel, the Claims Administrator, or the Court may require;
7. that the claimant(s) waive(s) the right to trial by jury, to the extent it exists, agree(s) to the determination by the Court of the validity or amount of this Claim and waives any right of appeal or review with respect to such determination;
8. that I (we) acknowledge that the claimant(s) will be bound by and subject to the terms of any judgment(s) that may be entered in the Action; and
9. that the claimant(s) is (are) NOT subject to backup withholding under the provisions of Section 3406(a)(1)(C) of the Internal Revenue Code because (i) the claimant(s) is (are) exempt from backup withholding or (ii) the claimant(s) has (have) not been notified by the IRS that he/she/it/they is (are) subject to backup withholding as a result of a failure to report all interest or dividends or (c) the IRS has notified the claimant(s) that he/she/it/they is (are) no longer subject to backup withholding. **If the IRS has notified the claimant(s) that he/she/it/they is (are) subject to backup withholding, please strike out the language in the preceding sentence indicating that the claim is not subject to backup withholding in the certification above.**

UNDER THE PENALTIES OF PERJURY, I (WE) CERTIFY THAT ALL OF THE INFORMATION PROVIDED BY ME (US) ON THIS CLAIM FORM IS TRUE, CORRECT, AND COMPLETE, AND THAT THE DOCUMENTS SUBMITTED HERewith ARE TRUE AND CORRECT COPIES OF WHAT THEY PURPORT TO BE.

Signature of claimant _____ Date _____

Print claimant name here _____

Signature of joint claimant, if any _____ Date _____

Print joint claimant name here

If the claimant is other than an individual, or is not the person completing this form, the following also must be provided:

Signature of person signing on behalf of claimant

Date

Print name of person signing on behalf of claimant here

Capacity of person signing on behalf of claimant, if other than an individual, *e.g.*, executor, president, trustee, custodian, etc. (Must provide evidence of authority to act on behalf of claimant – *see* ¶ 10 on page 3 of this Claim Form.)

REMINDER CHECKLIST

1. Sign the above release and certification. If this Claim Form is being made on behalf of joint claimants, then both must sign.
2. Attach only **copies** of acceptable supporting documentation as these documents will not be returned to you.
3. Do not highlight any portion of the Claim Form or any supporting documents.
4. Keep copies of the completed Claim Form and any supporting documentation for your own records.
5. The Claims Administrator will acknowledge receipt of your Claim Form by mail, within 60 days. Your Claim Form 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 1-866-905-8102.**
6. If your address changes in the future, you must send the Claims Administrator written notification of your new address. If you change your name, inform the Claims Administrator.
7. If you have any questions or concerns regarding your claim, please contact the Claims Administrator at the address below, by email at info@InsysRXSecuritiesLitigation.com, or by toll-free phone at 1-866-905-8102, or you may visit the website for the Action, www.InsysRXSecuritiesLitigation.com. DO NOT call the Court, the Settling Defendant, or Settling Defendant's Counsel with questions regarding your claim.

THIS CLAIM FORM MUST BE MAILED TO THE CLAIMS ADMINISTRATOR BY FIRST-CLASS MAIL, OR SUBMITTED ONLINE AT WWW.INSYSRXSECURITIESLITIGATION.COM, **POSTMARKED (OR RECEIVED) NO LATER THAN SEPTEMBER 12, 2020**. IF MAILED, THE CLAIM FORM SHOULD BE ADDRESSED AS FOLLOWS:

Insys Therapeutics, Inc. Securities Litigation
c/o A.B. Data, Ltd.
P.O. Box 170999
Milwaukee, WI 53217

If mailed, a Claim Form received by the Claims Administrator shall be deemed to have been submitted when posted, if a postmark date on or before September 12, 2020, is indicated on the envelope and it is mailed First Class, and addressed in accordance with the above instructions. In all other cases, a Claim Form shall be deemed to have been submitted when actually received by the Claims Administrator.

You should be aware that it will take a significant amount of time to fully process all of the Claim Forms. Please be patient and notify the Claims Administrator of any change of address.

Appendix C

Authorization Requirements

If you are a nominee filing on behalf of your account holders, you must include the following documentation:

- Affidavit attesting that your entity has legal rights and authorization from your account holders to file Proofs of Claim and Release on their behalf **and** that your account holders understand that they are bound by and subject to the terms of all releases that may be entered in this Settlement, etc.; and
- Authorization to sign on your account holders' behalf.

If you are a third party filing on behalf of a nominee, you must include an Affidavit attesting to the following:

- Your entity has the legal right and authorization from the nominee to file and sign any Proofs of Claim and Release on their behalf;
- Your entity has the legal right and authorization from the nominee's account holders to file and sign any Proofs of Claim and Release on their behalf; and
- The account holders understand they are bound by and subject to the terms of all releases that may be entered in the *Insys Therapeutics, Inc. Securities Litigation*.

If you are a third party filing on behalf of another party, you must include an Affidavit attesting to the following:

- Your entity has the legal right and authorization from the other party to file and sign any Proofs of Claim and Release on its behalf; and
- The other party understands it is bound by and subject to the terms of all releases that may be entered in the *Insys Therapeutics, Inc. Securities Litigation*.

If you are not a nominee or a third party and would like to file claims electronically, you must include documentation supporting all transactional data of your claims as follows:

- Documents may include, but are not limited to, a) photocopies of stockbrokers' confirmation slips; b) photocopies of stockbrokers' monthly statements reflecting ALL transactional data and how it was compiled for the opening of the Class Period through the end of the Class Period and 90-Day Look-Back Period; or c) a signed letter from your broker, on their letterhead, providing all of the information that would be found on a confirmation slip and/or other aforementioned documents.



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Appendix D
Sample Cover Letter

LETTERHEAD

Re: *INSYS THERAPEUTICS, INC. SECURITIES LITIGATION*

Date:

Enclosed is a fully executed master Proof of Claim and Release Form with required authorizations and affidavits as well as an electronic media attachment, which is being filed in connection with the above-referenced matter on behalf of [COMPANY NAME(S) OR INDIVIDUAL NAME(S)] for the proprietary accounts of [ENTITY].

We, [ENTITY], hereby agree that further communication from the Claims Administrator may be conducted by email, and we accept sole responsibility to ensure the email address for [ENTITY] is updated in the event the email address provided on the master Proof of Claim and Release Form should change.

The attachment consists of a [CD, DVD, OR FLASH DRIVE] containing [NUMBER] accounts/claims in [ASCII, MS EXCEL, OR MS ACCESS] format with [NUMBER OF TRANSACTIONS] transactions for Insys Therapeutics, Inc. common stock, as well as all the opening positions and closing positions held for [ENTITY]'s proprietary accounts. Each transaction contains corresponding account information for which the claims are being filed.

The total number of shares of Insys Therapeutics, Inc. common stock purchased or acquired [##.##] for the amount of [\$0.0000] and the total number of shares of Insys Therapeutics, Inc. common stock sold [##.##] for the amount of [\$0.0000]¹ can be found on the enclosed [CD, DVD, OR FLASH DRIVE].

We, [ENTITY], attest that the data provided on the media attachment corresponds to [ENTITY]'s internal records.

I attest that the above information is true and correct.

Signature

Company Name

Job Title

Contact Information (including telephone number, fax number, and email address).

¹ Please list all other transactions, if applicable, including free receipts and free deliveries.



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Appendix E

Electronic Claim Filing Template Mapping Instructions

Column	Field Name	Max Length	INSYS THERAPEUTICS, INC. COMMON STOCK FIELD DESCRIPTION
A	Account Number	40	Account number associated with the proprietary account for which transactions are being submitted with this Proof of Claim and Release Form.
B	Account Name	40	Name of individual, company, or entity associated with the account listed in Column A.
C	Full Name of the Beneficial Owner	40	Full name of the beneficial owner associated with the account listed in Column A.
D	TIN of the Beneficial Owner	9	Taxpayer identification number (TIN) for beneficial owner, no spaces and no dashes.
E	Beneficial Owner TIN Type (E/S/U/F)	1	E = Employer Identification Number (EIN); S = Social Security Number (SSN); U = Unknown; F = Foreign.
F	Care of:	40	Name of the entity to which distributions should be mailed.
G	Attn:	40	Name of the person to whose attention distributions should be mailed.
H	Street 1	40	Street Address 1 for fund distribution.
I	Street 2	40	Street Address 2 for fund distribution.
J	City	25	City for fund distribution.
K	State	2	State for fund distribution.
L	Zip Code	5	Zip code for fund distribution.
M	Province	40	Province for fund distribution.
N	Country	40	Country for fund distribution.
O	TIN of the Claimant	9	Taxpayer identification number (TIN) for claimant, no spaces and no dashes.
P	CUSIP/ISIN	10	CUSIP number or ISIN for security.
Q	Transaction Type/Holdings (O/C/P/S/FD/FR)	2	O = Opening position at the beginning of trading on March 3, 2015; C = Closing position at the close of trading on April 22, 2016; P = Purchases/Acquisitions made from March 3, 2015 through April 22, 2016; S = Sales made from March 3, 2015 through April 22, 2016; FD = Free deliveries made from March 3, 2015 through April 22, 2016; FR = Free receipts made from March 3, 2015 through April 22, 2016.
R	Trade Date	10	Trade date for transaction or holding date for opening and closing positions.
S	Number of Shares	19	Number of shares associated with a transaction. No commas; use decimal point if needed. Up to four digits after decimal point.
T	Price Per Share EXCLUDING Commissions/Taxes/Fees	19	Price per share (USD) of Insys Therapeutics, Inc. common stock, excluding commissions/taxes/fees, associated with a transaction. No dollar sign, no commas; use decimal point, if needed. Up to four digits after decimal point. Leave blank when providing opening positions or closing positions. Use zero when specifying free receipts and/or free deliveries.
U	Total Price EXCLUDING Commissions/Taxes/Fees	19	Aggregate cost or proceeds received (USD), excluding commissions/taxes/fees. No dollar sign, no commas; use decimal point, if needed. Up to four digits after decimal point. Use zero when specifying free receipts and/or free deliveries.

* All eligible Insys Therapeutics, Inc. common stock for each account must balance. This means that the opening position plus total purchases/acquisitions, and free receipts during the Class Period MUST EQUAL the total sales and free deliveries during the Class Period plus the closing position (O+P+FR=S+FD+C).

* You MUST include a cover letter with your electronic file that provides the total number of accounts; total number of transactions; total number of purchases, acquisitions, and sales; and contact name(s) with phone number(s) and email address(es) in the event that we have any questions or require further information. See Appendix D for a sample cover letter. Any electronic files not in accordance with these Electronic Claim Filing Guidelines are subject to rejection.



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