

Must be
Postmarked or Received
No Later Than
September 16, 2014

Hewlett-Packard Securities Litigation
c/o GCG
P.O. Box 10056
Dublin, OH 43017-6656
(877) 782-8059
www.hewlettpackardsecuritieslitigation.com



ID Number:

Control Number:

PROOF OF CLAIM AND RELEASE

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Important - This form should be completed IN CAPITAL LETTERS using BLACK or DARK BLUE ballpoint/fountain pen. Characters and marks used should be similar in the style to the following:

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z 1 2 3 4 5 6 7 0



PART I - GENERAL INSTRUCTIONS

I. GENERAL INSTRUCTIONS

1. To be eligible to recover from the Net Settlement Fund in the action entitled *In re Hewlett-Packard Company Securities Litigation*, Case No. SACV 11-1404 AG (RNBx) (C.D. Cal.) (the "Action"), you must complete and, on page 6 hereof, sign this Proof of Claim form. If you fail to submit a properly completed and addressed Proof of 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 Settlement of the Action.

2. Submission of this Proof of Claim form, however, does not assure that you will share in the Net Settlement Fund.

3. YOU MUST MAIL OR SUBMIT YOUR COMPLETED AND SIGNED PROOF OF CLAIM FORM SO THAT IT IS POSTMARKED OR RECEIVED NO LATER THAN SEPTEMBER 16, 2014, ADDRESSED AS FOLLOWS:

Hewlett-Packard Securities Litigation
c/o GCG
P.O. Box 10056
Dublin, OH 43017-6656
(877) 782-8059

4. You may also complete this Proof of Claim and Release form on line by logging on to the Hewlett-Packard Securities Litigation website at www.hewlettpackardsecuritieslitigation.com. If you submit your Proof of Claim form electronically, it will have the same force and effect as if you signed the form in hard copy.

5. If you are NOT a Settlement Class Member (as defined in the Notice of Pendency and Proposed Class Action Settlement and Motion for Attorneys' Fees and Expenses ("Notice") that accompanies this Proof of Claim), DO NOT submit a Proof of Claim form.

6. If you are a Settlement Class Member and have not requested exclusion, you will be bound by the terms of the Settlement and any judgment entered in the Action, WHETHER OR NOT YOU SUBMIT A PROOF OF CLAIM FORM.

II. DEFINITIONS

Capitalized terms not defined in this Proof of Claim have the same meaning as set forth in the Notice that accompanies this Proof of Claim form and in the Stipulation and Agreement of Settlement, dated as of March 31, 2014 (the "Settlement Agreement").

III. IDENTIFICATION OF CLAIMANT

1. If you purchased or otherwise acquired HP publicly traded common stock on the open market during the Class Period and held the stock in your name, you are the beneficial purchaser as well as the record purchaser. If, however, you purchased or otherwise acquired HP publicly traded common stock but the shares 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 each beneficial purchaser of HP publicly traded common stock which form the basis of this claim. THIS CLAIM MUST BE FILED BY THE ACTUAL BENEFICIAL PURCHASER OR PURCHASERS, OR THE LEGAL REPRESENTATIVE OF SUCH PURCHASER OR PURCHASERS, OF THE COMMON STOCK UPON WHICH THIS CLAIM IS BASED.

NOTE: Separate Proofs of Claim should be submitted for each separate legal entity (for example, 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 Proof of Claim should be submitted on behalf of one legal entity, including all transactions made by that entity, no matter how many separate accounts that entity has (for example, a corporation with multiple brokerage accounts should include all transactions made



PART I - GENERAL INSTRUCTIONS (CONTINUED)

in HP publicly traded common stock during the Class Period on one Proof of Claim, no matter how many accounts the transactions were made in). All joint purchasers must sign this claim. Executors, administrators, guardians, conservators, and trustees must complete and sign this claim form on behalf of Persons represented by them and proof of their authority must accompany this claim and their titles or capacities must be stated. 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 the claim or result in rejection of the claim.

IV. IDENTIFICATION OF TRANSACTIONS

1. Use Part III of this form entitled "Schedule of Transactions" to supply all required details of your transaction(s) in HP publicly traded common stock. 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: (i) **all** of your holdings of HP publicly traded common stock as of the beginning of trading on November 22, 2010; (ii) **all** of your purchases, acquisitions, and sales of HP publicly traded common stock which took place at any time beginning November 22, 2010 through and including November 16, 2011; and (iii) proof of your holdings in HP publicly traded common stock as of the close of trading on November 16, 2011 whether such transactions resulted in a profit or a loss. Failure to report all such transactions may result in the rejection of your claim.

3. List each transaction 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. Broker confirmations or other documentation of your transactions in HP publicly traded common stock must be attached to your claim. Do not send originals. Please keep copies of all documents that you send to the Claims Administrator. Failure to provide this documentation could delay verification of your claim or result in rejection of your claim. The Settling Parties and the Claims Administrator do not independently have information about your transactions in HP publicly traded common stock. The Claims Administrator may also request additional information as needed to efficiently and reliably calculate your losses.

5. A purchase or sale of HP publicly traded common stock shall be deemed to have occurred on the "contract" or "trade" date as opposed to the "settlement" or "payment" date; please provide only "contract" or "trade" dates in your claim.

6. To be considered timely, a Proof of Claim must be submitted to the Claims Administrator so that it is **postmarked or received, on or before September 16, 2014** in accordance with the above instructions. In all other cases, a Proof of Claim shall be deemed to have been submitted when actually received by the Claims Administrator.

7. You should be aware that it will take a significant amount of time to process fully all of the Proofs of Claim and to administer the Settlement. This work will be completed as promptly as time permits, given the need to investigate and tabulate each Proof of Claim. Please notify the Claims Administrator of any change of address.



PART II - CLAIMANT IDENTIFICATION

Claimant or Representative Contact Information:

The Claims Administrator will use this information for all communications relevant to this claim (including the check, if eligible for payment). If this information changes, you MUST notify the Claims Administrator in writing at the address above.

Claimant Name(s) (as you would like the name(s) to appear on the check, if eligible for payment):

[Grid for Claimant Name(s)]

Street Address:

[Grid for Street Address]

City: **Last 4 digits of Claimant SSN/TIN:**

[Grid for City and Last 4 digits of Claimant SSN/TIN]

State: **Zip Code:** **Country (if Other than U.S.):**

[Grid for State, Zip Code, and Country]

Name of the Person you would like the Claims Administrator to Contact Regarding This Claim (if different from the Claimant Name(s) listed above):

[Grid for Name of the Person to Contact]

Daytime Telephone Number: **Evening Telephone Number:**

[Grid for Daytime and Evening Telephone Numbers]

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

[Grid for Email Address]

NOTICE REGARDING ELECTRONIC FILES: Certain claimants with large numbers of transactions may request to, 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.hewlettpackardsecuritieslitigation.com or you may e-mail the Claims Administrator's electronic filing department at eClaim@gcginc.com. Any file 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 after processing your file with your claim numbers and respective account information. Do not assume that your file has been received or processed 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 eClaim@gcginc.com to inquire about your file and confirm it was received and acceptable.

To view GCG's Privacy Notice, please visit <http://www.gcginc.com/privacy>

¹The last four digits of the taxpayer identification number (TIN), consisting of a valid Social Security Number (SSN) for individuals or Employer Identification Number (EIN) for business entities, trusts, estates, etc., and telephone number of the beneficial owner(s) may be used in verifying this claim.



PART III - SCHEDULE OF TRANSACTIONS

HEWLETT-PACKARD PUBLICLY TRADED COMMON STOCK – CUSIP No. 428236103 ONLY

A. COMMON STOCK BEGINNING HOLDINGS: Number of shares of HP publicly traded common stock held at the close of trading on **November 21, 2010**. If there were short sales at the close of trading on November 21, 2010, provide the balance as a negative number. (If none, write “zero” or “0”, of other than zero, must be documented):

Number of Shares										

B. COMMON STOCK PURCHASES: List all purchases and/or acquisitions of HP publicly traded common stock made between **November 22, 2010** and **August 18, 2011**, inclusive (must be documented):

Purchase Date(s) List Chronologically (Month/Day/Year)	Number of Shares of Common Stock Purchased	Purchase Price Per Share of Common Stock	Total Amount Paid (Excluding commissions, taxes, and other fees)	Purchased on the Open Market <i>Please indicate Y for Yes N for No</i>
/ /		.	.	
/ /		.	.	
/ /		.	.	
/ /		.	.	

C. PURCHASES/ACQUISITIONS: State the total number of shares of HP publicly traded common stock purchased/acquired from after the opening of trading on **August 19, 2011** through and including the close of trading on **November 16, 2011**. (If none, write “zero” or “0”; if other than zero, must be documented):

Number of Shares										

D. COMMON STOCK SALES: List all sales of HP publicly traded common stock made between **November 22, 2010** and **November 16, 2011**, inclusive (must be documented):

Sale Date(s) List Chronologically (Month/Day/Year)	Number of Shares of Common Stock Sold	Sale Price Per Share of Common Stock	Total Amount Received (Excluding commissions, taxes, and other fees)	Sold on the Open Market <i>Please indicate Y for Yes N for No</i>
/ /		.	.	
/ /		.	.	
/ /		.	.	
/ /		.	.	

E. COMMON STOCK ENDING HOLDINGS: Number of shares of HP publicly traded common stock held at the close of trading on **November 16, 2011**. If there were short sales at the close of trading on November 16, 2011, provide the balance as a negative number. (If none, write “zero” or “0”, of other than zero, must be documented):

Number of Shares										

IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS YOU MUST
PHOTOCOPY THIS PAGE AND CHECK THIS BOX
IF YOU DO NOT CHECK THIS BOX THESE ADDITIONAL PAGES WILL NOT BE REVIEWED



PART IV - SUBMISSION TO JURISDICTION OF COURT AND ACKNOWLEDGMENTS

By signing and submitting this Proof of Claim form, the claimant(s) or the person(s) acting on behalf of the claimant(s) certify(ies) that: I (We) submit this Proof of Claim form under the terms of the Plan of Allocation of Net Settlement Fund described in the accompanying Notice. I (We) also submit to the jurisdiction of the United States District Court for the Central District of California, Southern Division (the "Court"), with respect to my (our) claim as a Settlement Class Member(s) and for purposes of enforcing the releases set forth herein. I (We) further acknowledge that I (we) will be bound by the terms of any judgment entered in connection with the Settlement in the Action, including the releases set forth therein. I (We) agree to furnish additional information to the Claims Administrator to support this claim, such as additional documentation for transactions in HP publicly traded common stock, if required to do so. I (We) have not submitted any other claim covering the same purchases, acquisitions or sales of HP publicly traded common stock during the Class Period and know of no other person having done so on my (our) behalf.

PART V - RELEASE AND WARRANTIES

1. I (We) hereby acknowledge full and complete satisfaction of, and do hereby fully, finally, and forever settle, release, and discharge with prejudice the Released Claims as to each and all of the Released Defendant Parties (as these terms are defined in the accompanying Notice).
2. I (We) hereby acknowledge that I (we) will not be entitled to receive recovery in any other action against any of the Released Defendant Parties based on or arising out of the Released Claims (as these terms are defined in the accompanying Notice).
3. I (We) hereby warrant and represent that I am (we are) a Settlement Class Member as defined in the Notice, that I am (we are) not excluded from the Settlement Class, that I am (we are) not one of the "Released Defendant Parties" as defined in the accompanying Notice, and that I (we) believe I am (we are) eligible to receive a distribution from the Net Settlement Fund under the terms and conditions of the Plan of Allocation, as set forth in the Notice.
4. This release shall be of no force or effect unless and until the Court approves the Settlement and it becomes effective on the Effective Date.
5. 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.
6. I (We) hereby warrant and represent that I (we) have included information about all of my (our) purchases, acquisitions, and sales and other transactions in HP publicly traded common stock which occurred during the Class Period and the number of shares held by me (us) at the beginning of trading on November 22, 2010 and at the close of trading on November 16, 2011.

PART VI - CERTIFICATION

I (We) declare under penalty of perjury that:

1. The number shown on this form is my current SSN; TIN; or EIN; and
2. 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 because: (a) I am (we are) exempt from backup withholding; or (b) I (we) have not been notified by the Internal Revenue Service that I am (we are) subject to backup withholding as a result of a failure to report all interest or dividends; or (c) the Internal Revenue Service has notified me (us) that I am (we are) no longer subject to backup withholding.

NOTE: If you have been notified by the Internal Revenue Service that you are subject to backup withholding, please strike out the language that you are not subject to backup withholding in the certification above.

I (We) declare that all of the foregoing information supplied by the undersigned is true and correct.

Executed this ____ day of _____ in _____.
(Month) (Year) (City, State, Country)

Signature of Claimant Date

Print your name here

Signature of Joint Claimant, if any Date

Print your name here

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

Signature of person signing on behalf of Claimant Date

Print your name here

Capacity of person signing on behalf of Claimant, if other than an individual
(e.g., Administrator, Executor, Trustee, President, Custodian, Power of Attorney, etc.)

REMINDER CHECKLIST

1. Please sign the above release and certification. If this Proof of Claim is submitted on behalf of joint claimants, then both claimants must sign.
2. Remember to attach supporting documentation, if available. **DO NOT HIGHLIGHT THE PROOF OF CLAIM FORM OR YOUR SUPPORTING DOCUMENTATION.**
3. Do NOT send original stock certificates or original brokerage statements.
4. Keep a copy of your Proof of Claim form for your records.
5. The Claims Administrator will acknowledge receipt of your Proof of Claim by mail, within 90 days. Your claim is not deemed submitted until you receive an acknowledgment postcard. If you do not receive an acknowledgment postcard within 90 days, please call the Claims Administrator toll free at (877) 782-8059.
6. If you move after submitting this Proof of Claim, please notify the Claims Administrator of the change in your address.
7. If you have any questions regarding your Proof of Claim, please contact the Claims Administrator at the address below.

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