

**IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA**

GUY RATZ, Individually and on behalf of	:	
all others similarly situated,	:	
	:	
Plaintiff,	:	
	:	CIVIL ACTION NO.: 2:13-cv-06808-PSD
vs.	:	
	:	
PHOTOMEDEX, INC., DENNIS M.	:	
MCGRATH and DOLEV RAFAELI,	:	
	:	
Defendants.	:	
_____	:	

PROOF OF CLAIM AND RELEASE

I. GENERAL INSTRUCTIONS

1. To be eligible to recover as a member of the Class based on your claims in the action entitled, *Ratz v. PhotoMedex, Inc.*, Case No.2:13-cv-06808-PSD, you must complete and, on page 22 hereof, sign this Proof of Claim and Release. If you fail to file a properly addressed (as set forth in paragraph 3 below) Proof of Claim and Release, your claim may be rejected and you may be precluded from any recovery from the Settlement Fund created in connection with the proposed Settlement of the Litigation.

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

3. YOU MUST MAIL OR SUBMIT YOUR COMPLETED AND SIGNED PROOF OF CLAIM AND RELEASE SO THAT IT IS POSTMARKED OR RECEIVED ON OR BEFORE SEPTEMBER 10, 2015, ADDRESSED AS FOLLOWS:

PhotoMedex Shareholder Litigation
Claims Administrator
c/o Strategic Claims Services
600 North Jackson Street, Suite 3
Media, PA 19063

If you are NOT a member of the Class, as defined in the Notice of Pendency and Proposed Settlement of Class Action (“Notice”), DO NOT submit a Proof of Claim and Release form.

4. If you are a member of the Class, you are bound by the terms of any judgment entered in the Litigation, WHETHER OR NOT YOU SUBMIT A PROOF OF CLAIM AND RELEASE 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 of Settlement dated January 9, 2015 (the “Stipulation”).

1. “Class” means all Persons who purchased the securities of PhotoMedex during the period November 6, 2012 to and including November 5, 2013 on any domestic or foreign exchange or otherwise. Excluded from the Class are Defendants and members of each Individual Defendant’s immediate family, and any entity in which a Defendant has a controlling interest, and the legal representatives, heirs, successors, predecessors in interest or assigns, of any such excluded party, as well as the Judge(s) to whom this case is assigned. Also excluded from the Class are those Persons who submit a valid request to be excluded from the Class pursuant to the Notice of

Pendency and Proposed Settlement of Class Action.

2. "Class Period" means the time period November 6, 2012 to and including November 5, 2013.
3. "Defendants" means PhotoMedex, Dennis McGrath and Dolev Rafaeli.

III. CLAIMANT IDENTIFICATION

1. If you purchased PhotoMedex securities and held the certificate(s) in your name, you are the beneficial purchaser as well as the record purchaser. 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 1 of this form, entitled "Claimant Identification," to identify each purchaser of record ("nominee"), if different from the beneficial purchaser of PhotoMedex securities. THIS CLAIM MUST BE FILED BY THE ACTUAL BENEFICIAL PURCHASER OR PURCHASERS, OR THE LEGAL REPRESENTATIVE OF SUCH PURCHASER OR PURCHASERS OF PHOTOMEDEX SECURITIES 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 in PhotoMedex securities during the Class Period on one Proof of Claim, no matter how many accounts the transactions were made in).

3. All joint purchasers must sign this claim. Executors, administrators, guardians, conservators and trustees must complete and sign this claim on behalf of the Persons represented by them and 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 your claim or result in rejection of the claim.

IV. CLAIM FORM

1. Use Part II of this form, which is entitled "Schedule of Transactions in PhotoMedex Securities" to supply all required details of your PhotoMedex securities purchases and sales during the Class Period. 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 *all* of your sales of PhotoMedex securities which took place at any time between November 6, 2012 and November 5, 2013, inclusive, whether such transactions resulted in a profit or a loss, whether on a foreign or domestic exchange, or otherwise. Failure to report all such transactions may result in the rejection of your claim.

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. Broker confirmations or other documentation of your transactions in PhotoMedex securities should 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 PhotoMedex securities.

5. The above requests are designed to provide the minimum amount of information necessary to process the most simple claims. The Claims Administrator may request additional information as required to efficiently and reliably calculate your losses. In some cases where 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 hiring of an accounting expert at the Claimant's cost.

6. A purchase or sale of PhotoMedex securities 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.

7. 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. If you wish to file your claim electronically, you must call the Claims Administrator toll-free at (866) 274-4004, send an e-mail to info@strategicclaims.net, or visit the website for this Settlement at www.strategicclaims.net to obtain the required file layout. No electronic files will be considered to have been properly submitted unless the Claims Administrator issues to the claimant a report listing all transactions contained in the electronic file. Do not assume that your file has been received or processed until you receive this report.

8. 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 10, 2015** 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.

9. 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.

UNITED STATES DISTRICT COURT
 EASTERN DISTRICT OF PENNSYLVANIA
Ratz v. PhotoMedex, Inc.
 Case No. 2:13-cv-06808-PSD
 PROOF OF CLAIM AND RELEASE
 Must Be Postmarked No Later Than:
 September 10, 2015
 Please Type or Print

PART I: CLAIMANT IDENTIFICATION

Beneficial Owner's Name (First, Middle, Last)		
Record Owner's Name (if different from Beneficial Owner listed above)		
Street Address		
Street Address		
City	State	Postal / Zip Code
Foreign Province		Foreign Country
Social Security Number (if U.S. Citizen / Resident)	OR	Taxpayer Identification Number (if U.S. Citizen / Resident)
Country/Area Code	Telephone Number (work)	
Country/Area Code	Telephone Number (home/cell)	
Email Address		
Check One:		
<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation	
<input type="checkbox"/> Joint Owners	<input type="checkbox"/> IRA	
<input type="checkbox"/> Estate	<input type="checkbox"/> Other _____ (specify)	

Please mark the choice of currency for payment of your claim ___ dollars ___ shekels

PART II: SCHEDULE OF TRANSACTIONS IN PHOTOMEDEX SECURITIES

A. Number of shares of PhotoMedex common stock held by you at the beginning of trading on November 6, 2012: _____

B. Purchases of PhotoMedex common stock (November 6, 2012 – November 5, 2013, inclusive):

Trade Date (Month, Day, Year)	Number of Shares Purchased	Total Purchase Price*
1.	1.	1.
2.	2.	2.
3.	3.	3.

IMPORTANT: Identify all purchases in which you covered a “short sale”: _____

C. Sales of PhotoMedex common stock (November 6, 2012 – November 5, 2013, inclusive):

Trade Date (Month/Day/Year)	Number of Shares Sold	Amount Received*
1.	1.	1.
2.	2.	2.
3.	3.	3.

D. Number of shares of PhotoMedex common stock held by you after the close of the trading period on November 5, 2013: _____

If you require additional space, attach extra schedules in the same format as above. Sign and print your name on each additional page.

E. BEGINNING POSITION OF CALL OPTIONS

Number of call options held by you at the beginning of trading on November 6, 2012:

Date of Purchase (Month/Day/Year)	Number of Contracts	Expiration Month and Year / Strike Price of Options	Purchase Price Per Contract	Amount Paid*	Exercised “E” or Expired “X” (leave blank if neither)	Exercise Date (Month/Day/Year)

* Excluding taxes, fees and commissions.

F. PURCHASES OF CALL OPTIONS

Purchases (between November 6, 2012 and November 5, 2013, inclusive) of call options on PhotoMedex common stock:

Date of Purchase (Month/Day/Year)	Number of Contracts	Expiration Month and Year / Strike Price of Options	Purchase Price Per Contract	Amount Paid*	Exercised "E" or Expired "X" (leave blank if neither)	Exercise Date (Month/Day/Year)

G. SALES OF CALL OPTIONS

Sales of the above call options on PhotoMedex common stock which call options were purchased before November 6, 2013 (include all such sales no matter when they occurred):

Date of Sale (Month/Day/Year)	Number of Contracts	Expiration Month and Year / Strike Price of Options	Sale Price Per Contract	Amount Received*

H. BEGINNING WRITTEN POSITION OF PUT OPTIONS

Number of put options held by you at the beginning of trading on November 6, 2012:

Number of Contracts	Expiration Month and Year / Strike Price of Options	Sale Price Per Contract	Amount Received*	Assigned "A" or Expired "E" (leave blank if neither)	Assign Date (Month/Day/Year)

I. SALES (WRITING) OF PUT OPTIONS

Written (sold) put options on PhotoMedex common stock (between November 6, 2012 and November 5, 2013, inclusive) as follows:

Date of Writing (Sale) (Month/Day/Year)	Number of Contracts	Expiration Month and Year / Strike Price of Options	Sale Price Per Contract	Amount Received*	Assigned "A" or Expired "E" leave blank if neither	Assign Date Month/Day/Year

J. COVERING TRANSACTIONS (REPURCHASES) OF PUT OPTIONS

Repurchases of the above put options on PhotoMedex common stock that were written (sold) before November 6, 2013, (include all repurchases no matter when they occurred):

Date of Purchase (Month/Day/Year)	Number of Contracts	Expiration Month and Year / Strike Price of Options	Price Paid Per Contract	Aggregate Cost*

YOU MUST READ AND SIGN THE RELEASE ON PAGE 22.

PART III. SUBMISSION TO JURISDICTION OF COURT AND ACKNOWLEDGMENTS

I (We) submit this Proof of Claim and Release under the terms of the Stipulation of Settlement dated as of January 9, 2015 ("Stipulation") described in the Notice. I (We) also submit to the jurisdiction of the United States District Court for the Eastern District of Pennsylvania, 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 the Claims Administrator or Plaintiffs' Lead Counsel to support this claim if required to do so. I (We) have not submitted any other claim covering the purchases of PhotoMedex securities during the relevant time periods and know of no other Person having done so on my (our) behalf.

PART IV. 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 against Defendants, and their Released 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 Defendants and their Released 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 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 Defendants and their

Released 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 Stipulation 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) transactions in PhotoMedex securities that occurred during the time period covered by this Proof of Claim, and the number of PhotoMedex securities held by me (us) at the opening of trading on November 6, 2012 and at the close of trading on November 5, 2013.

SUBSTITUTE FORM W-9
Request for Taxpayer Identification Number ("TIN") and Certification
PART I

NAME: _____

Check appropriate box:

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Individual/Sole Proprietor | <input type="checkbox"/> Pension Plan |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> IRA | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Other | |

Enter TIN on appropriate line.

- For individuals, this is your Social Security Number ("SSN").
- For sole proprietors, you must show your individual name, but you may also enter your business name or "doing business as" name. You may enter either your SSN or your Employer Identification Number ("EIN").
- For other entities, it is your EIN.

____-____-____ or _____
Social Security Number Employer Identification Number

PART II
For Payees Exempt from Backup Withholding

If you are exempt from backup withholding, enter your correct TIN in Part I and write exempt" on the following line: _____

PART III
Certification

UNDER THE PENALTY OF PERJURY, I (WE) CERTIFY THAT:

1. The number shown on this form is my (our) correct TIN; 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, you must cross out Item 2 above.

SEE ENCLOSED FORM W-9 INSTRUCTIONS ABOVE

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

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 _____, in _____,
(Month/Year) (City)

(State/County)

(Sign your name here)

(Sign your name here)

(Type or print your name here)

(Type or print your name here)

(Capacity of persons signing, e.g., Beneficial Owner, Executor or Administrator)

(Capacity of persons signing, e.g., Beneficial Owner, Executor or Administrator)

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

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.
3. Do not send original stock certificates.
4. Keep a copy of your claim form 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 send us your new address.
7. If you have any questions regarding your Proof of Claim, please contact the Claims Administrator at the address above.
8. Please select your choice of currency in dollars or shekels.

THIS PROOF OF CLAIM MUST BE POSTMARKED OR RECEIVED NO LATER THAN SEPTEMBER 10, 2015.

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PhotoMedex Shareholder Litigation
c/o Strategic Claims Services
600 N Jackson Street – Suite 3
Media, PA 19063

IMPORTANT LEGAL DOCUMENT – PLEASE FORWARD