

Must be
Postmarked or Received
No Later Than
September 21, 2015

VIROPHARMA INC. SECURITIES LITIGATION
c/o GCG
PO Box 10179
Dublin, OH 43017-3179
1 (844) 322-8240
www.ViroPharmaSecuritiesLitigation.com

VRP



Claim Number:

Control Number:

PROOF OF CLAIM AND RELEASE

To be eligible to recover from the Net Settlement Fund in the action entitled *In re ViroPharma Incorporated Securities Litigation*, Civil Action No. 2:12-cv-02714 (the "Action"), you must complete and, on page 9 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.

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

YOU MUST MAIL OR SUBMIT YOUR COMPLETED AND SIGNED PROOF OF CLAIM FORM SO THAT IT IS POSTMARKED OR RECEIVED NO LATER THAN SEPTEMBER 21, 2015, ADDRESSED AS FOLLOWS:

VIROPHARMA INC. SECURITIES LITIGATION
c/o GCG
PO Box 10179
Dublin, OH 43017-3179

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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 - 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):

Street Address:

City:

Last 4 digits of Claimant SSN/TIN¹:

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

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Account Number:

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

--

Daytime Telephone Number:

Evening Telephone Number:

	-		-	
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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.)

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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 website at www.ViroPharmaSecuritiesLitigation.com or you may e-mail the Claims Administrator at eClaim@gardencitygroup.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 an email within 10 days of your submission, you should contact the electronic filing department at eClaim@gardencitygroup.com to inquire about your file and confirm it was received and acceptable.

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 II - GENERAL INSTRUCTIONS

1. If you are NOT a Settlement Class Member (as defined in the Notice of Pendency of Class Action and Proposed Settlement and Motion for Attorneys' Fees and Expenses ("Notice") that accompanies this Proof of Claim), DO NOT submit a Proof of Claim form.
2. 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.

DEFINITIONS

1. 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 April 28, 2015 (the "Settlement Agreement"). The Settlement Agreement and other Settlement-related documents can be viewed at www.ViroPharmaSecuritiesLitigation.com and www.labaton.com.
2. The securities for which a claimant may be entitled to receive a recovery consist of ViroPharma's publicly traded common stock, its 2.0% Senior Convertible Notes due 2017 ("Notes"), and its exchange-traded call and put options (collectively, "ViroPharma Securities").

IDENTIFICATION OF CLAIMANT

1. If you purchased or otherwise acquired ViroPharma Securities during the Class Period and held the securities in your name, you are the beneficial purchaser as well as the record purchaser. If, however, you purchased or otherwise acquired ViroPharma Securities but the securities 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. THIS CLAIM MUST BE FILED BY THE ACTUAL BENEFICIAL PURCHASER(S) (OR THE LEGAL REPRESENTATIVE OF SUCH PURCHASER(S)) OF THE SECURITIES UPON WHICH THIS CLAIM IS BASED.
3. Separate Proofs of Claim should be submitted for each separate legal entity (for example, a claim by joint owners should not include the transactions of just one of the joint owners, and an individual should not submit one claim that combines his or her IRA transactions with transactions made solely in the individual's name). Conversely, a combined Proof of Claim should be submitted on behalf of each legal entity (including an individual) that includes all transactions made by that entity, no matter how many separate accounts that entity has (for example, a corporation/individual with multiple brokerage accounts should include all transactions made in ViroPharma Securities during the Class Period on one Proof of Claim, no matter how many accounts the transactions were made in).
4. 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.

IDENTIFICATION OF TRANSACTIONS

1. Use Part III to Part VI of this form to supply all required details of your transaction(s) in ViroPharma Securities. 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 ViroPharma Securities as of the beginning of trading on December 14, 2011; (ii) **all** of your purchases, acquisitions, and sales of ViroPharma Securities which took place at any time during the time periods stated below; and (iii) proof of your holdings in ViroPharma Securities as of the close of trading on July 6, 2012 or April 9, 2012 in the case of options 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 ViroPharma Securities 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 ViroPharma Securities. The Claims Administrator may also request additional information as needed to efficiently and reliably calculate your losses.
5. A purchase or sale of ViroPharma 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.
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 21, 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.
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 calculate each Proof of Claim. Please notify the Claims Administrator of any change of address.



**PART III - SCHEDULE OF TRANSACTIONS IN VIROPHARMA PUBLICLY TRADED COMMON STOCK
CUSIP NO. 928241108 ONLY**

A. BEGINNING HOLDINGS: State the total number of shares of ViroPharma publicly traded common stock held at the beginning of trading on **December 14, 2011**. (If none, write "zero" or "0"; if other than zero, must be documented).

Shares					

B. PURCHASES: List (in chronological order) all purchases and/or acquisitions of ViroPharma publicly traded common stock made between **December 14, 2011** and **April 9, 2012**, inclusive. (Must be documented).

Date(s) of Purchase/Acquisition Chronologically (Month/Day /Year)	Number of Shares Purchased/Acquired	Price Per Share	Amount Paid (Excluding taxes, fees, other commissions)	Check Box if result of an Option Exercised/ Assigned
/ /				<input type="checkbox"/>
/ /				<input type="checkbox"/>
/ /				<input type="checkbox"/>
/ /				<input type="checkbox"/>

C. PURCHASES: State the total number of shares of ViroPharma publicly traded common stock purchased and/or acquired between **April 10, 2012** and **July 6, 2012**, inclusive. (If none, write "zero" or "0") (Must be documented).

Shares				

D. SALES: List (in chronological order) all sales of ViroPharma publicly traded common stock made between **December 14, 2011** and **July 6, 2012**, inclusive. (Must be documented).

Date(s) of Sale Chronologically (Month/Day /Year)	Number of Shares Sold	Price Per Share	Amount Received (Excluding taxes, fees, other commissions)	Check Box if result of an Option Exercised/ Assigned
/ /				<input type="checkbox"/>
/ /				<input type="checkbox"/>
/ /				<input type="checkbox"/>
/ /				<input type="checkbox"/>

E. ENDING HOLDINGS: State the total number of shares of ViroPharma publicly traded common stock held at the close of trading on **July 6, 2012**. (If none, write "zero" or "0"; if other than zero, must be documented).

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 - VIROPHARMA 2.0% SENIOR CONVERTIBLE NOTES DUE 2017 CUSIP NO. 928241AH1 ONLY

A. BEGINNING HOLDINGS: State the principal amount of 2.0% Senior Convertible Notes held at the beginning of trading on **December 14, 2011**. (If none, write "zero" or "0"; if other than zero, must be documented).

Principal Amount									

B. PURCHASES: List (in chronological order) each and every 2.0% Senior Convertible Note purchased and/or acquired between **December 14, 2011** and **April 9, 2012**, inclusive. (Must be documented).

Trade Date List Chronologically (Month/Day /Year)	Principal Amount	Total Purchase Price (Excluding taxes, fees, other commissions)	Aggregate Cost (Excluding taxes, fees, other commissions)
/ /	.	.	.
/ /	.	.	.
/ /	.	.	.
/ /	.	.	.
/ /	.	.	.

C. PURCHASES: State the principal amount of ViroPharma 2.0% Senior Convertible Notes purchased and/or acquired between **April 10, 2012** and **July 6, 2012**, inclusive. (If none, write "zero" or "0") (Must be documented).

Principal Amount									

D. SALES: List (in chronological order) each and every 2.0% Senior Convertible Note sold between **December 14, 2011** and **July 6, 2012**, inclusive. (Must be documented).

Trade Date List Chronologically (Month/Day /Year)	Principal Amount	Total Sale Price (Excluding taxes, fees, other commissions)	Aggregate Received (Excluding taxes, fees, other commissions)
/ /	.	.	.
/ /	.	.	.
/ /	.	.	.
/ /	.	.	.
/ /	.	.	.

E. ENDING HOLDINGS: State the principal Amount of 2.0% Senior Convertible Notes held at the close of trading on **July 6, 2012**. (If none, write "zero" or "0"; if other than zero, must be documented).

Principal Amount									

**IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS YOU MUST
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A. BEGINNING HOLDINGS: At the beginning of trading on **December 14, 2011**, I owned the following call option contracts:

Number of Contracts	Expiration Month and Year & Strike Price of Options (i.e. 05/07 \$40)	Purchase Price Per Contract	Amount Paid	Insert an "E" if Exercised or an "X" if Expired	Exercise Date (Month/Day/Year)
	/				/
	/				/

B. PURCHASES/ACQUISITIONS: I made the following purchases/acquisitions of call option contracts between **December 14, 2011** and **April 9, 2012**, inclusive. (Must be documented):

Date of Purchase (List Chronologically) (Month/Day/Year)	Number of Contracts	Expiration Month and Year & Strike Price of Options (i.e. 05/07 \$40)	Purchase Price Per Contract	Amount Paid	Insert an "E" if Exercised or an "X" if Expired	Exercise Date (Month/Day/Year)
/		/				/
/		/				/

C. SALES: I made the following sales, regardless of when they occurred, of the above call option contracts that were purchased or otherwise acquired between **December 14, 2011** and **April 9, 2012**, inclusive. (Must be documented):

Date of Sale (List Chronologically) (Month/Day/Year)	Number of Contracts	Expiration Month and Year & Strike Price of Options (i.e. 05/07 \$40)	Sale Price Per Contract	Amount Received
/		/		
/		/		

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



A. BEGINNING HOLDINGS: At the beginning of trading on **December 14, 2011**, I was obligated on the following put option contracts:

Number of Contracts	Expiration Month and Year & Strike Price of Options (i.e. 05/07 \$40)	Sale Price Per Contract	Amount Received	Insert an "A" if Assigned or an "X" if Expired	Assign Date (Month/Day/Year)
	/				/
	/				/

B. SALES (WRITING) OF PUT OPTIONS: I wrote (sold) put option contracts between **December 14, 2011** and **April 9, 2012**, inclusive, as follows. (Must be documented):

Date of Writing (Sale) (List Chronologically) (Month/Day/Year)	Number of Contracts	Expiration Month and Year & Strike Price of Options (i.e. 05/07 \$40)	Sale Price Per Contract	Amount Received	Insert an "A" if Assigned or an "X" if Expired	Assign Date (Month/Day/Year)
/		/				/
/		/				/

C. COVERING TRANSACTIONS (REPURCHASES): I made the following repurchases, regardless of when they occurred, of the above put option contracts that I wrote (sold) on or before **April 9, 2012**, inclusive. (Must be documented):

Date of Repurchase (List Chronologically) (Month/Day/Year)	Number of Contracts	Expiration Month and Year & Strike Price of Options (i.e. 05/07 \$40)	Price Paid Per Contract	Aggregate Cost
/		/		
/		/		

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PART VII - 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 Eastern District of Pennsylvania (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 ViroPharma Securities, if required to do so. I (We) have not submitted any other claim covering the same purchases, acquisitions or sales of ViroPharma Securities during the Class Period and know of no other person having done so on my (our) behalf.

PART VIII - 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 ViroPharma Securities that occurred during the Class Period and the number of securities held by me (us) at the beginning of trading on December 14, 2011 and at the close of trading on July 6, 2012.



PART IX - CERTIFICATION

I am (We are) not Subject to backup tax withholding. (If you have been notified by the IRS that you are subject to backup tax withholding, strike out the previous sentence.) 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 also 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., executor, president, custodian, etc.

**REMINDER CHECKLIST**

1. Please sign the Certification on this page.
2. If this claim is made on behalf of joint claimants, then both must sign.
3. Please remember to attach supporting documents. (Supporting documents include trade confirmations, official monthly, quarterly or annual brokerage statements).
4. **DO NOT SEND ORIGINALS OF ANY SUPPORTING DOCUMENTS.**
5. If you aggregated accounts, be sure to include supporting documents for all accounts.
6. Keep a copy of your Proof of Claim and Release form and all documentation submitted for your records.
7. The Claims Administrator will acknowledge receipt of your Proof of Claim by mail, within 60 days. **Your claim is not deemed by the Claims Administrator to be submitted unless you receive an acknowledgement postcard.** If you do not receive an acknowledgement postcard within 60 days, please call the Claims Administrator at **1 (844) 322-8240**.
8. If you move, you must send us your new address.
9. **Do not use highlighter on the Claim Form or supporting documentation.**
10. If you have any questions or concerns regarding your Proof of Claim, please contact the Claims Administrator at the contact information below or visit **www.ViroPharmaSecuritiesLitigation.com**.

THIS PROOF OF CLAIM MUST BE POSTMARKED OR RECEIVED NO LATER THAN
SEPTEMBER 21, 2015 AND MUST BE MAILED TO:

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