

UNITED STATES DISTRICT COURT  
DISTRICT OF NEW JERSEY

In re PAR PHARMACEUTICAL  
SECURITIES LITIGATION

Master File No. 2:06-03226 (ES) (SCM)

This Document Relates To:  
ALL ACTIONS

**PROOF OF CLAIM AND RELEASE**

**DEADLINE FOR SUBMISSION: AUGUST 2, 2013**

If you purchased or otherwise acquired the common stock of Par Pharmaceutical Companies, Inc. ("Par") during the period from July 23, 2001, through and including July 5, 2006, and were damaged thereby, you are a Class Member, and you may be entitled to share in the Settlement proceeds. Excluded from the Class are the following persons or entities: (i) anyone named as a Defendant in this Action; (ii) members of the immediate family of any such Defendant; (iii) any entity in which any such Defendant or family member has or had a controlling interest; (iv) the former and current officers and directors of Par; and (v) the legal affiliates, representatives, controlling persons, predecessors-in-interest, heirs, assigns, or any other successors-in-interest of any such excluded party.

If you filed a request for exclusion from the Class, you are not a Class Member, not eligible for any Settlement benefits, and may not submit this form.

If you are a Class Member, you must complete and submit this form in order to be eligible for any Settlement benefits.

You must complete and sign this Proof of Claim and Release ("Proof of Claim") and mail it by First-Class Mail, postmarked no later than **August 2, 2013**, to the Claims Administrator at the following address:

**PAR PHARMACEUTICAL SECURITIES LITIGATION  
CLAIMS ADMINISTRATOR  
c/o A.B. DATA, LTD.  
PO BOX 170500  
MILWAUKEE, WI 53217-8091**

Your failure to submit your claim by **August 2, 2013**, will subject your claim to rejection and preclude your receiving any money in connection with the Settlement of this litigation. Do not mail or deliver your claim to the Court or to any of the parties or their counsel, as any such claim will be deemed not to have been submitted. Submit your claim only to the Claims Administrator.

By signing and submitting this Proof of Claim, the claimant(s) or the person(s) who represents the claimant(s) certifies (certify) as follows:

1. I purchased or otherwise acquired Par common stock during the period July 23, 2001, through and including July 5, 2006, and held some of those shares through close of business July 5, 2006, and was damaged thereby. (Do not submit this Proof of Claim if you did not purchase or otherwise acquire Par common stock during this period and hold some of those shares through close of business July 5, 2006.)
2. By submitting this Proof of Claim Form, I state that I believe in good faith (a) that I am a Class Member as defined above and in the Notice of Pendency of Class Action and Proposed Settlement, Settlement Fairness Hearing and Motion for Attorneys' Fees and Reimbursement of Litigation Expenses (the "Notice"), or am acting for such person, (b) that I am not a Defendant in the Action or excluded from the Class, (c) that I have read and understand the Settlement Notice, (d) that I believe that I am entitled to receive a share of the Net Settlement Fund, (e) that I elect to participate in the proposed Settlement described in the Settlement Notice, and (f) that I have not filed a Request for Exclusion. If you are acting in a representative capacity on behalf of a Class Member (e.g., as an executor, administrator, trustee, or other representative), you must submit evidence of your current authority to act on behalf of that Class Member. Such evidence would include, for example, letters testamentary, letters of administration, a copy of the trust documents, or a copy of a power of attorney.

3. I have set forth where requested below all relevant information with respect to each purchase or acquisition of Par common stock during the Class Period, and each sale, if any, of such securities. I agree to furnish additional information (including transactions in other Par securities) to the Claims Administrator to support this claim if requested to do so.
4. I have enclosed photocopies of the stockbroker's confirmation slips, stockbroker's statements, relevant portions of my tax returns, or other documents evidencing each purchase, acquisition, sale, or retention of Par common stock listed below in support of my claim. IF ANY SUCH DOCUMENTS ARE NOT IN YOUR POSSESSION, PLEASE OBTAIN A COPY OR EQUIVALENT DOCUMENTS FROM YOUR BROKER OR TAX ADVISOR, BECAUSE THESE DOCUMENTS ARE NECESSARY TO PROVE AND PROCESS YOUR CLAIM.
5. I understand that the information contained in this Proof of Claim is subject to such verification as the Claims Administrator may request or as the Court may direct, and I agree to cooperate in any such verification. (The information requested herein is designed to provide the minimum amount of information necessary to process most simple claims. The Claims Administrator may request additional information as required to efficiently and reliably calculate your Recognized Loss efficiently and reliably. In some cases the Claims Administrator may condition acceptance of the claim based upon the production of additional information, including, where applicable, information concerning transactions in any derivatives of the subject securities, such as options.)
6. Upon the occurrence of my signature on my Proof of Claim Form hereto will constitute confirmation of a full and complete release, remise, and discharge by me or, if I am submitting this Proof of Claim Form on behalf of a corporation, a partnership, estate, or one or more other persons, by it, him, her, or them, and by my, its, his, her, or their heirs, executors, administrators, predecessors, successors, and assigns of each of the "Released Parties" as defined in the Settlement Notice.
7. **NOTICE REGARDING ELECTRONIC FILES:** Certain claimants with large numbers of transactions (more than 50 transactions) may request, or may be requested, to submit information regarding their transactions in electronic files. All claimants MUST submit a manually signed, paper Proof of Claim and Release form listing all their transactions, whether or not they also submit electronic copies. If you wish to file your claim electronically, you must contact the Claims Administrator at [efiling@abdata.com](mailto:efiling@abdata.com) or visit [ParSecuritiesLitigation.com](http://ParSecuritiesLitigation.com) 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 written acknowledgment of receipt and acceptance of electronically submitted data.

**MUST BE POSTMARKED  
NO LATER THAN  
AUGUST 2, 2013**

**UNITED STATES DISTRICT COURT  
DISTRICT OF NEW JERSEY**  
*In re Par Pharmaceutical Securities Litigation*  
Master File No. 2:06-03226 (ES) (SCM)



**PROOF OF CLAIM AND RELEASE**

Please Type or Print

**PART I: CLAIMANT IDENTIFICATION**

Last Name (Claimant)			First Name (Claimant)		
Last Name (Beneficial Owner If Different From Claimant)			First Name (Beneficial Owner)		
Last Name (Co-Beneficial Owner)			First Name (Co-Beneficial Owner)		
Company/Other Entity (If Claimant Is Not an Individual)			Contact Person (If Claimant Is Not an Individual)		
Record Owner's Name (If Different From Beneficial Owner Listed Above, e.g., Brokerage Firm, Bank, Nominee, Other, etc.)					
Account Number (If Claimant Is Not an Individual)			Trust/Other Date (If Applicable)		
Address Line 1					
Address Line 2 (If Applicable)					
City		State		Zip Code	
Telephone Number (Day) (        )        -			Telephone Number (Night) (        )        -		
Email Address [An 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.]					

**o Check Here to Use Alternate Address for Distribution (Optional)**

Distribution Address Line 1					
Distribution Address Line 2 (If Applicable)					
City		State		Zip Code	

IDENTITY OF CLAIMANT (check only one):  Individual  Corporation  Joint Owners  Estate  Trust  Partnership  Private Pension Fund  Legal Representative  
 IRA, Keogh, or Other Type of Individual Retirement Plan (indicate type of plan, mailing address, and name of current custodian on separate sheet)  
 Other (specify, describe on separate sheet)

**PART II: SCHEDULE OF TRANSACTIONS IN PAR COMMON STOCK**

A. Number of shares of Par common stock held at the close of business on July 22, 2001:

--	--	--	--	--

Proof Enclosed  
 Y  N

B. Purchases, acquisitions, and/or free receipts of Par common stock during the period July 23, 2001, through and including October 3, 2006:

Trade Date(s) of Purchase (List Chronologically)			Number of Shares of Par Common Stock Purchased/Acquired	Purchase/Acquisition Price Per Share (excluding commissions, taxes, & fees)	Aggregate Cost (including commissions, taxes, and fees)	Proof of Purchase Enclosed
MM	DD	YY				
	/	/		\$ .	\$ .	<input type="radio"/> Y <input type="radio"/> N
	/	/		\$ .	\$ .	<input type="radio"/> Y <input type="radio"/> N
	/	/		\$ .	\$ .	<input type="radio"/> Y <input type="radio"/> N
	/	/		\$ .	\$ .	<input type="radio"/> Y <input type="radio"/> N

C. Sales, transfers, and/or free deliveries of Par common stock during the period July 23, 2001, through and including October 3, 2006:

Trade Date(s) of Sale (List Chronologically)			Number of Shares of Par Common Stock Sold/Transferred	Sale/Transfer Price Per Share (excluding commissions, taxes, & fees)	Aggregate Cost (including commissions, taxes, and fees)	Proof of Purchase Enclosed
MM	DD	YY				
	/	/		\$ .	\$ .	<input type="radio"/> Y <input type="radio"/> N
	/	/		\$ .	\$ .	<input type="radio"/> Y <input type="radio"/> N
	/	/		\$ .	\$ .	<input type="radio"/> Y <input type="radio"/> N
	/	/		\$ .	\$ .	<input type="radio"/> Y <input type="radio"/> N

D. Number of shares of Par common stock held at the close of business on October 3, 2006:

--	--	--	--	--

Proof Enclosed  
 Y  N

IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS, PHOTOCOPY THIS PAGE.  
PLEASE INCLUDE CLAIMANT'S NAME ON EACH ADDITIONAL PAGE.

