

Celgene Corporation Securities Litigation
Toll-Free Number: (855) 648-0893
Email: info@CelgeneSecuritiesLitigation.com
Website: www.CelgeneSecuritiesLitigation.com

PROOF OF CLAIM AND RELEASE FORM

To be eligible to receive a share of the Net Settlement Fund in connection with the Settlement of this Action, you must complete and sign this Proof of Claim and Release Form ("Claim Form") and mail it by First-Class Mail to the address below, or submit it online at www.CelgeneSecuritiesLitigation.com, with supporting documentation, *postmarked* (if mailed) or submitted online no later than April 13, 2026.

Mail to:

Celgene Corporation Securities Litigation
c/o JND Legal Administration
P.O. Box 91422
Seattle, WA 98111

Or submit online at: www.CelgeneSecuritiesLitigation.com

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

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

TABLE OF CONTENTS

PAGE #

PART I – CLAIMANT INFORMATION

2

PART II – GENERAL INSTRUCTIONS

3

PART III – SCHEDULE OF TRANSACTIONS IN CELGENE COMMON STOCK (NYSE: CELG; CUSIP: 151020104)

4

PART IV – RELEASE OF CLAIMS, CERTIFICATION, AND SIGNATURE

5

Need help? If you have questions concerning this Claim Form or need assistance in filling out the Claim Form, you may contact the Claims Administrator at the above mailing address, by email at info@CelgeneSecuritiesLitigation.com, or by toll-free phone at (855) 648-0893, or you can visit the website, www.CelgeneSecuritiesLitigation.com. **Una versión en español de este formulario de reclamación está disponible en la página de red.**

PART I – CLAIMANT INFORMATION

The Claims Administrator will use this information for all communications regarding this Claim Form. If this information changes, you **MUST** notify the Claims Administrator in writing at the address above. Complete names of all persons and entities must be provided.

Name of the Owner of Celgene common stock (see ¶ 4 on next page for details)

First Name

MI

Last Name

Joint Owner's Name (if applicable)

First Name (if applicable)

MI

Last Name (if applicable)

If this claim is submitted for an IRA, and if you would like any check that you **MAY** be eligible to receive made payable to the IRA, please include "IRA" in the "Last Name" box above (e.g., Jones IRA).

Entity Name (if the Owner is not an individual)

Name of Representative, if applicable (executor, administrator, trustee, c/o, etc.), if different from Owner

Last 4 digits of Social Security Number or Taxpayer Identification Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Street Address

Street Address (Second line, if needed)

City

State/Province

Zip Code

Foreign Postal Code (if applicable)

Foreign Country (if applicable)

Telephone Number (Day)

Telephone Number (Evening)

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):

Type of Owner (Specify one of the following):

- ☐ Individual(s) ☐ Corporation ☐ UGMA Custodian ☐ IRA ☐ Partnership
☐ Estate ☐ Trust ☐ Other (describe): _____

PART II – GENERAL INSTRUCTIONS

1. By submitting this Claim Form, you are making a request to share in the proceeds of the Settlement described in the Settlement Notice, which is available at www.CelgeneSecuritiesLitigation.com. If you are not a Class Member, or if you previously submitted a request for exclusion and are listed on Appendix 1 to the Stipulation and Agreement of Settlement dated November 4, 2025 (“Stipulation”), you are not eligible for a payment in the Settlement. **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 or by such other plan of allocation as the Court approves.**

2. In Part III of this Claim Form, you must provide the requested information with respect to your holdings, purchases, acquisitions, and sales of Celgene common stock (including free transfers and deliveries), 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.**

3. **Documentation.** You are required to submit genuine and sufficient documentation for all of your transactions in and holdings of Celgene common stock set forth in Part III of the Claim Form. Documentation may consist of copies of account statements, transaction reports or confirmations, or any other authorized statements prepared by your broker, financial advisor, online trading platform, or other financial institution through which you purchased or held your shares of Celgene common stock. For purchases, acquisitions, and sales, the documentation must show the number of shares traded, the price paid, and the date. A screenshot of an online trading platform that shows all of this required information and the name of the owner of the account will be acceptable. The Parties and the Claims Administrator do not independently have information about your investments in Celgene common stock. If such documents are not in your possession, please obtain copies of these documents from your financial institution. Self-created documents are not sufficient. Failure to supply this documentation may result in the rejection of your claim. **Please do not send original documents, as they will not be returned. Please keep a copy of all documents that you send to the Claims Administrator.**

4. The “Owner” of the Celgene common stock should be identified in Part I of this Claim Form entitled “CLAIMANT INFORMATION.” The Owner listed in Part I of this Claim Form should be the “beneficial owner” of the Celgene common stock, that is the person who ultimately controlled or benefited from ownership of the stock. The complete name(s) of the Owner(s) must be entered. The Owner(s) must sign this Claim Form to be eligible to participate in the Settlement. If there are joint Owners, each must sign this Claim Form and their names must appear as “Claimants” in Part I of this Claim Form. Many investors hold their securities indirectly through a bank, broker-dealer, or other financial advisor or financial platform. In those cases, the investor is considered the beneficial owner (or Owner), while the bank, broker or financial advisor is considered the registered owner. The beneficial owner(s) must sign this Claim Form

5. **One Claim should be submitted for each separate legal entity or separately managed account.** Separate Claim Forms should be submitted for each separate legal entity (e.g., an individual should not combine his, her or their IRA transactions with transactions made solely in the individual’s name). Generally, a single Claim Form should be submitted on behalf of one legal entity including all holdings and transactions made by that entity on one Claim Form. However, if a single person or legal entity had multiple accounts that were separately managed, separate Claims may be submitted for each such account. The Claims Administrator reserves the right to request information on all the holdings and transactions in Celgene common stock made on behalf of a single Owner.

6. **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.

PART III – SCHEDULE OF TRANSACTIONS IN CELGENE COMMON STOCK

The only eligible security is the common stock of Celgene Corporation (“Celgene”). During the Class Period, Celgene common stock traded on the NASDAQ. Its ticker symbol was **CELG**, and its **CUSIP** was **151020104**. Do not include information regarding securities other than Celgene common stock. Please include proper documentation with your Claim Form as described in detail in Part II – General Instructions ¶ 3, above.

1. HOLDINGS AS OF APRIL 27, 2017 – State the total number of shares of Celgene common stock held as of the opening of trading on April 27, 2017. (Must be documented.) If none, write “zero” or “0.” _____				Confirm Proof of Position Enclosed <input type="checkbox"/>
2. PURCHASES/ACQUISITIONS FROM APRIL 27, 2017 THROUGH APRIL 27, 2018, INCLUSIVE – Separately list each and every purchase or acquisition (including free receipts) of Celgene common stock from April 27, 2017 through the close of trading on April 27, 2018. (Must be documented.)				
Date of Purchase/ Acquisition (List Chronologically) (Month/Day/Year)	Number of Shares Purchased	Purchase Price Per Share	Total Purchase Price (excluding any taxes, commissions, and fees)	Confirm Proof of Purchase Enclosed
/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>
3. PURCHASES/ACQUISITIONS FROM APRIL 28, 2018 THROUGH JULY 27, 2018, INCLUSIVE – State the total number of shares of Celgene common stock purchased or acquired (including free receipts) from April 28, 2018 through the close of trading on July 27, 2018. If none, write “zero” or “0.” _____				
4. SALES FROM APRIL 27, 2017 THROUGH JULY 27, 2018 – Separately list each and every sale or disposition (including free deliveries) of Celgene common stock from April 27, 2017 through the close of trading on July 27, 2018. (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 taxes, commissions, and fees)	Confirm Proof of Sale Enclosed
/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>
5. HOLDINGS AS OF JULY 27, 2018 – State the total number of shares of Celgene common stock held as of the close of trading on July 27, 2018. (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"/>				

PART IV – RELEASE OF CLAIMS, CERTIFICATION, 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, without further action by anyone, upon the Effective Date of the Settlement, I (we), on behalf of myself (ourselves) and my (our) (the claimant(s)') respective heirs, executors, administrators, predecessors, successors, assigns, representatives, attorneys, and agents, 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 Plaintiff's Claim (including, without limitation, Unknown Claims) against Defendants and the other Defendants' Releasees, and shall forever be barred and enjoined from prosecuting any and all of the Released Plaintiff's Claims directly or indirectly against any of the Defendants and the other Defendants' 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 and the terms of the Plan of Allocation;
2. that the claimant(s) is a (are) Class Member(s), 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 the claimant(s) did **not** submit a request for exclusion from the Class;
4. that I (we) own(ed) the Celgene common stock identified in the Claim Form and have not assigned the claim against any of the Defendants or any of the other Defendants' 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;
5. that the claimant(s) has (have) not submitted any other claim covering the same purchases of Celgene common stock and knows (know) of no other person having done so on the claimant's (claimants') behalf;
6. that the claimant(s) has (have) not assigned or transferred or purported to assign or transfer, voluntarily or involuntarily, any Released Plaintiff's Claim against any of the Defendants' Releasees;
7. that the claimant(s) submit(s) to the jurisdiction of the United States District Court for the District of New Jersey with respect to claimant's (claimants') claim and for purposes of enforcing the releases set forth herein;
8. 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;
9. that the claimant(s) waive(s) the right to trial by jury, to the extent it exists, and agree(s) to the determination by the Court of the validity or amount of this Claim, and waive(s) any right of appeal or review with respect to such determination;
10. 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

11. 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, or it is subject to backup withholding as a result of a failure to report all interest or dividends or (iii) the IRS has notified the claimant(s) that he, she, or it is no longer subject to backup withholding. **If the IRS has notified the claimant(s) that he, she, it, or 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 UNDER THE LAWS OF THE UNITED STATES OF AMERICA, 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.

Note: agents, executors, administrators, guardians, and trustees must complete and sign the Claim Form on behalf of persons represented by them, and they must: (a) identify the name, account number, last four digits of the Social Security Number (or Taxpayer Identification Number), address, and telephone number of the Owner of the Celgene common stock they are representing (in Part I of the Claim Form); and (b) submit with the Claim Form evidence of their authority to bind to the Claim Form the person or entity on whose behalf they are acting.

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 documentation for your own records.
5. The Claims Administrator will acknowledge receipt of your Claim Form by mail, within 60 days. Your claim 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 (855) 648-0893.**
6. If your address changes in the future, or if this Claim Form was sent to an old or incorrect address, 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 Form, contact the Claims Administrator at the mailing address below, by email at info@CelgeneSecuritiesLitigation.com, or by toll-free phone at (855) 648-0893, or you may visit www.CelgeneSecuritiesLitigation.com. DO NOT call Celgene, the other Defendants, or their counsel with questions regarding your Claim Form.

This Claim Form must be mailed to the Claims Administrator by First-Class Mail or submitted online at www.CelgeneSecuritiesLitigation.com, postmarked (or submitted online) no later than April 13, 2026. If mailed, the Claim Form should be addressed as follows:

Celgene Corporation Securities Litigation
c/o JND Legal Administration
P.O. Box 91422
Seattle, WA 98111

Payments to eligible Authorized Claimants will be made only if the Court approves the Settlement, after any appeals are resolved, and after the completion of all claims processing.

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.