

Information Sheet

Please list your purchase and sale transaction(s) in Alnylam Pharmaceuticals, Inc. (Nasdaq: ALNY) securities between September 20, 2017 and September 12, 2018, inclusive (the "Class Period") in the chart below. Please return completed form by fax to 610-667-7056, or by scan/photo to info@ktmc.com. You may also submit your information online at www.ktmc.com/newcases.

| First Name (Required Information) Address Telephone Number | | Last Name (Required Information) City, State, Zip Email (Required Information) | | | | | | | |
|---|---|--|---|---|------------------|--|-----------|--|--|
| | | | | | Current Employer | | Signature | | |
| | | | | | PURCHASES | | SALES | | |
| Buy Date # Share | Price per Share | Sell Date | # Shares | Price per Share | | | | | |
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| Please list additional Class Pe preferred stock) on a separate | | | d securities (| options, bonds, or | | | | | |
| Are you a current or former employee of Alnylam Pharmaceuticals, Inc.? | | Did you purchase shares of Alnylam Pharmaceuticals, Inc. prior to the Class | | | | | | | |
| Yes / No (Circle) | | Period? Yes / | No (Circle) | | | | | | |
| The submission of this form does not create a lead plaintiff motion in this matter. Any information believes that you might be an appropriate least establish an attorney client relationship. By some also authorizing and requesting us to conformation set forth above will prohibit Kes | nation you submit will be maintaid plaintiff candidate, Kessler Top gning this form you are authorizing that you by email, phone or by | ned as confidential. If Kessler Topa baz Meltzer & Check, LLP will con- ing us to contact you by email, pho- other means regarding future cases | z Meltzer & Check natact you to discussione or by other mea . Please note: fail | , LLP, in its sole discretion, s the matter and whether to ns regarding this case. You ing to provide the required | | | | | |

If you do not want to be contacted regarding future cases, please indicate that by checking this box.