

## **Information Sheet**

Please list your purchase and sale transaction(s) in Hims & Hers Health, Inc. (NYSE: HIMS) securities between May 6, 2025 and June 20, 2025, in the chart below. Please return completed form in the enclosed pre-paid envelope, by fax to 610-667-7056, or by scan/photo to <a href="mailto:info@ktmc.com">info@ktmc.com</a>. You may also submit your information online at <a href="mailto:www.ktmc.com/newcases">www.ktmc.com/newcases</a>.

Address Telephone Number Current Employer				Last Name  City, State, Zip  Email Address (non-work - please print clearly)  Signature									
							PURCHASES				SALES		
							Buy Date	# Shares	Price per Share		Sell Date	# Shares	Price per Share
		od transactions and/ lece of paper if neces			ed securities (	options, bonds, or							
<u>-</u>		ployee <b>Hims &amp; He</b> i		Did you purch	ase shares of	Hims & Hers							
Health, Inc.? Yes / No (Circle)				Health, Inc. prior to the Class Period? Yes / No (Circle)									
LLP or you to file a lea Meltzer & Check, LLP, Check, LLP will contac authorizing us to contac	d plaintiff motion in its sole discreti et you to discuss the t you by email, ph	te an attorney-client relation in this matter. Any information, believes that you might he matter and whether to one or by other means regularding future cases. Tha	nation tht be establ garding	you submit will be main an appropriate lead plain ish an attorney client rel g this case. You are also	ntained as confident tiff candidate, Ke ationship. By signathorizing and the	ential. If Kessler Topaz essler Topaz Meltzer & gning this form you are requesting us to contact							
		garding future cases. Tha		-									