

## **Information Sheet**

Please list your purchase and sale transaction(s) in Acer Therapeutics Inc. (Nasdaq: ACER) securities between December 12, 2017 and June 24, 2019 (the "Class Period") in the chart below. Please return completed form by fax to 610-667-7056, or by scan/photo to <a href="mailto:info@ktmc.com">info@ktmc.com</a>.

| First Name (Required Information)  Address  Telephone Number  Current Employer   |   |   | Last Name (Required Information)  City, State, Zip  Email (Required Information)  Signature                  |  |  |   |           |          |                 |   |           |          |                 |
|--|---|---|--|--|--|---|-----------|----------|-----------------|---|-----------|----------|-----------------|
|  |   |   |  |  |  |   | PURCHASES |          |                 |   | SALES     |          |                 |
|  |   |   |  |  |  |   | Buy Date  | # Shares | Price per Share |   | Sell Date | # Shares | Price per Share |
|  |   |   |  |  |  |   |           |          |                 | - |           |          |                 |
|  |   |   | -  |  |  |   |           |          |                 |   |           |          |                 |
|  |   |   | -  |  |  |   |           |          |                 |   |           |          |                 |
|  |   |   | -  |  |  |   |           |          |                 |   |           |          |                 |
|  |   |   | -  |  |  |   |           |          |                 |   |           |          |                 |
|  |   |   |  |  |  |   |           |          |                 |   |           |          |                 |
| Please list additional preferred stock) on a   |   |   |  | ansactions in relate   | ed securities (  | options, bonds, or  |           |          |                 |   |           |          |                 |
| Are you a current or former employee of Acer Therapeutics Inc.? Yes / No (Circle)  |   |   | Did you purchase shares of <b>Acer Therapeutics Inc.</b> prior to the Class Period? <b>Yes / No (Circle)</b> |  |  |   |           |          |                 |   |           |          |                 |
| The submission of this form of lead plaintiff motion in this m believes that you might be ar establish an attorney client re are also authorizing and requinformation set forth above w cases. Thank you, and please | natter. Any informat<br>n appropriate lead p<br>lationship. By signi<br>nesting us to contac<br>vill prohibit Kessler | ion you submit will be maint<br>plaintiff candidate, Kessler T<br>ing this form you are authoriet<br>to you by email, phone or by<br>the Topaz Meltzer & Check, I | tained as Copaz Me izing us y other r LLP from   | confidential. If Kessler Top<br>eltzer & Check, LLP will co<br>to contact you by email, pho<br>neans regarding future case | az Meltzer & Check<br>ontact you to discussione or by other mea<br>es. Please note: fail | , LLP, in its sole discretion,<br>s the matter and whether to<br>ns regarding this case. You<br>ing to provide the required |           |          |                 |   |           |          |                 |
| If you do not want to  | be contacted r  | regarding future cases  | s, plea  | se indicate that by cl   | hecking this bo  | ox.   |           |          |                 |   |           |          |                 |