

*Insys Therapeutics, Inc. Securities Litigation*  
c/o A.B. Data, Ltd.  
P.O. Box 170999  
Milwaukee, WI 53217

Toll-Free Number: 1-866-905-8102  
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Website: [www.InsysRXSecuritiesLitigation.com](http://www.InsysRXSecuritiesLitigation.com)

**PROOF OF CLAIM AND RELEASE FORM**

To be eligible to receive a share of the Net Settlement Fund in connection with the proposed Settlement of the Action with defendant John N. Kapoor (the “Settling Defendant” or “Defendant Kapoor”), you must complete and submit a Proof of Claim and Release Form (“Claim Form”).

**PLEASE NOTE: IF YOU ALREADY SUBMITTED A CLAIM FORM IN CONNECTION WITH THE SETTLEMENT OF THE ACTION WITH DEFENDANT DARRYL S. BAKER (“BAKER SETTLEMENT”) OR PLAN TO DO SO, YOU SHOULD NOT SUBMIT ANOTHER CLAIM FORM. YOUR BAKER SETTLEMENT CLAIM FORM WILL BE PROCESSED IN CONNECTION WITH THE SETTLEMENT WITH DEFENDANT KAPOOR. IF YOU ARE UNSURE ABOUT WHETHER OR NOT YOU SUBMITTED A CLAIM FORM FOR THE BAKER SETTLEMENT, PLEASE CONTACT A.B. DATA, LTD. AT THE MAILING ADDRESS, TOLL-FREE NUMBER, OR EMAIL ADDRESS SET FORTH ABOVE.**

If you did not submit or do not plan to submit a Claim Form for the Baker Settlement and you want to be eligible to receive a payment from the Settlement with Defendant Kapoor, you must complete and sign this Claim Form and mail it by first-class mail to the above address, or submit it online at [www.InsysRXSecuritiesLitigation.com](http://www.InsysRXSecuritiesLitigation.com), **postmarked (or received) no later than October 10, 2020**. Failure to submit your Claim Form by the date specified will subject your claim to rejection and may preclude you from being eligible to recover any money in connection with the proposed Settlement.

**Do not mail or deliver your Claim Form to the Court, the Settling Parties, or their counsel. Submit your Claim Form only to the Claims Administrator at the address set forth above, or online at [www.InsysRXSecuritiesLitigation.com](http://www.InsysRXSecuritiesLitigation.com).**

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## **PART I – GENERAL INSTRUCTIONS**

1. It is important that you completely read and understand the Notice of (I) Proposed Settlement with Defendant John N. Kapoor; (II) Settlement Fairness Hearing; and (III) Motion for Attorneys’ Fees and Litigation Expenses (“Settlement Notice”), including the proposed Plan of Allocation set forth therein. The Settlement Notice is available for download on the website [www.InsysRXSecuritiesLitigation.com](http://www.InsysRXSecuritiesLitigation.com). The Settlement Notice describes the proposed Settlement of the Action with Defendant Kapoor, how Class Members are affected by the Settlement, and the manner in which the Net Settlement Fund will be distributed if the Settlement and Plan of Allocation are approved by the Court. The Settlement Notice also contains the definitions of many of the defined terms (which are indicated by initial capital letters) used in this Claim Form. By signing and submitting this Claim Form, or if you previously submitted a Claim Form in connection with the Baker Settlement, you will be certifying that you have read and that you understand the Settlement Notice, including the terms of the Releases described therein and provided for herein.

2. This Claim Form is directed to **all persons and entities who purchased or otherwise acquired Insys Therapeutics, Inc. (“Insys”) common stock during the period from March 3, 2015, through January 25, 2016, and were damaged thereby (“Class”)**. Certain persons and entities are excluded from the Class by definition as set forth in ¶ 32 of the Settlement Notice.

3. By submitting this Claim Form, you are making a request to share in the proceeds of the Settlement described in the Settlement Notice. **IF YOU ARE NOT A CLASS MEMBER (see definition of Class set forth in ¶ 32 of the Settlement Notice), DO NOT SUBMIT A CLAIM FORM AS YOU MAY NOT, DIRECTLY OR INDIRECTLY, PARTICIPATE IN THE SETTLEMENT. THUS, IF YOU ARE EXCLUDED FROM THE CLASS, ANY CLAIM FORM THAT YOU SUBMIT, OR THAT MAY BE SUBMITTED ON YOUR BEHALF, WILL NOT BE ACCEPTED.**

4. **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, if it is approved by the Court, or by such other plan of allocation as the Court approves.**

5. Use the Schedule of Transactions in Part III of this Claim Form to supply all required details of your transaction(s) (including free transfers and deliveries) in and holdings of Insys common stock. On this schedule, please provide all of the requested information with respect to your holdings, purchases, acquisitions, and sales of Insys common stock, 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.**

6. **Please note:** Only Insys common stock purchased or otherwise acquired during the Class Period (*i.e.*, March 3, 2015 through January 25, 2016), is eligible under the Settlement. However, pursuant to the “90-Day Look-Back Period” (described in the Plan of Allocation set forth in the Settlement Notice), your sales of Insys common stock during the period from January 25, 2016 through and including the close of trading on April 22, 2016 will be used for purposes of calculating loss amounts under the Plan of Allocation. Therefore, in order for the Claims Administrator to be able to balance your claim, the requested purchase information during the 90-Day Look-Back Period must also be provided. **Failure to report all transaction and holding information during the requested time periods may result in the rejection of your claim.**

7. You are required to submit genuine and sufficient documentation for all of your transactions in and holdings of Insys common stock set forth in the Schedule of Transactions in Part III of this Claim Form. Documentation may consist of copies of brokerage confirmation slips or monthly brokerage account statements, or an authorized statement from your broker containing the transactional and holding information found in a broker confirmation slip or account statement. The Settling Parties and the Claims Administrator do not independently have information about your investments in Insys common stock. **IF SUCH DOCUMENTS ARE NOT IN YOUR POSSESSION, PLEASE OBTAIN COPIES OF THE DOCUMENTS OR EQUIVALENT DOCUMENTS FROM YOUR BROKER. FAILURE TO SUPPLY THIS DOCUMENTATION MAY RESULT IN THE REJECTION OF YOUR CLAIM. DO NOT SEND ORIGINAL DOCUMENTS. Please keep a copy of all documents that you send to the Claims Administrator. Also, do not highlight any portion of the Claim Form or any supporting documents.**

8. All joint beneficial owners must sign this Claim Form and their names must appear as “Claimants” in Part II of this Claim Form. The complete name(s) of the beneficial owner(s) must be entered. If you purchased or otherwise acquired Insys common stock during the Class Period and held the shares in your name, you are the beneficial owner as well as the record owner. If you purchased or otherwise acquired Insys common stock during the Class Period and the shares were registered in the name of a third party, such as a nominee or brokerage firm, you are the beneficial owner of these shares, but the third party is the record owner. The beneficial owner, not the record owner, must sign this Claim Form.

9. **One Claim Form should be submitted for each separate legal entity.** Separate Claim Forms should be submitted for each separate legal entity (*e.g.*, a claim from joint owners should not include separate transactions of just one of the joint owners, and an individual should not combine his or her IRA transactions with transactions made solely in the individual’s name). Conversely, a single Claim Form should be submitted on behalf of one legal entity including all transactions made by that entity on one Claim Form, no matter how many separate accounts that entity has (*e.g.*, a corporation with multiple brokerage accounts should include all

transactions made in all accounts on one Claim Form).

10. Agents, executors, administrators, guardians, and trustees must complete and sign the Claim Form on behalf of persons represented by them, and they must:

- A. expressly state the capacity in which they are acting;
- B. identify the name, account number, last four digits of the Social Security Number (or Taxpayer Identification Number), address, and telephone number of the beneficial owner of the Insys common stock (or other person or entity on whose behalf they are acting with respect to); and
- C. furnish herewith evidence of their authority to bind to the Claim Form the person or entity on whose behalf they are acting. (Authority to complete and sign a Claim Form cannot be established by stockbrokers demonstrating only that they have discretionary authority to trade securities in another person's accounts.)

11. By submitting a signed Claim Form, you will be swearing to the truth of the statements contained therein and the genuineness of the documents attached thereto, subject to penalties of perjury under the laws of the United States of America. The making of false statements, or the submission of forged or fraudulent documentation, will result in the rejection of your claim and may subject you to civil liability or criminal prosecution.

12. If the Court approves the Settlement, payments to eligible Authorized Claimants pursuant to the Plan of Allocation (or such other plan of allocation as the Court approves) will be made after any appeals with respect to the Settlement are resolved, and after the completion of all claims processing. The claims process will take substantial time to complete fully and fairly. Please be patient.

13. **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.

14. If you have questions concerning the Claim Form, or need additional copies of the Claim Form or a copy of the Settlement Notice, you may contact the Claims Administrator, A.B. Data, Ltd., by writing to the above mailing address, by sending an email to [info@InsysRXSecuritiesLitigation.com](mailto:info@InsysRXSecuritiesLitigation.com), or by calling toll-free 1-866-905-8102, or you can visit the website for the Action, [www.InsysRXSecuritiesLitigation.com](http://www.InsysRXSecuritiesLitigation.com), where copies of the Claim Form and Settlement Notice are available for downloading.

15. **NOTICE REGARDING ELECTRONIC FILES:** Certain claimants with large numbers of transactions may request, or may be requested, to submit information regarding their transactions in electronic files. To obtain the *mandatory* electronic filing requirements and file layout, you may visit the website for the Action, [www.InsysRXSecuritiesLitigation.com](http://www.InsysRXSecuritiesLitigation.com), or you may email the Claims Administrator's electronic filing department at [info@InsysRXSecuritiesLitigation.com](mailto:info@InsysRXSecuritiesLitigation.com). **Any file submitted that is not in accordance with the required electronic filing format will be subject to rejection.** No electronic files will be considered to have been properly submitted unless the Claims Administrator issues an email to you to that effect. **Do not assume that your file has been received until you receive this email. If you do not receive such an email within 10 days of your submission, you should contact the Claims Administrator's electronic filing department at [info@InsysRXSecuritiesLitigation.com](mailto:info@InsysRXSecuritiesLitigation.com) to inquire about your file and confirm it was received.**

**IMPORTANT PLEASE NOTE:**

**YOUR CLAIM FORM IS NOT DEEMED FILED UNTIL YOU RECEIVE AN ACKNOWLEDGEMENT POSTCARD. THE CLAIMS ADMINISTRATOR WILL ACKNOWLEDGE RECEIPT OF YOUR CLAIM FORM BY MAIL WITHIN 60 DAYS. IF YOU DO NOT RECEIVE AN ACKNOWLEDGEMENT POSTCARD WITHIN 60 DAYS, CALL THE CLAIMS ADMINISTRATOR TOLL FREE AT 1-866-905-8102.**



**PART III – SCHEDULE OF TRANSACTIONS IN INSYS THERAPEUTICS, INC. COMMON STOCK**

Complete this Part III if and only if you purchased or otherwise acquired Insys common stock from March 3, 2015, through January 25, 2016. Please be sure to include proper documentation with your Claim Form as described in detail in Part I – General Instructions, ¶ 7, above. Do not include information regarding securities other than Insys common stock.

<b>1. HOLDINGS AS OF MARCH 3, 2015</b> – State the total number of shares of Insys common stock held as of the opening of trading on March 3, 2015. (Must be documented.) If none, write “zero” or “0.” _____				Confirm Proof of Position Enclosed <input type="checkbox"/>
<b>2. PURCHASES/ACQUISITIONS FROM MARCH 3, 2015 THROUGH JANUARY 25, 2016</b> – Separately list each and every purchase or acquisition (including free receipts) of Insys common stock from after the opening of trading on March 3, 2015 through and including the close of trading on January 25, 2016. (Must be documented.)				
Date of Purchase/ Acquisition (List Chronologically) (Month/Day/Year)	Number of Shares Purchased/Acquired	Purchase Price Per Share	Total Purchase Price (excluding any fees, commissions, and taxes)	Confirm Proof of Purchase/Acquisition Enclosed
/ /		\$	\$	○
/ /		\$	\$	○
/ /		\$	\$	○
/ /		\$	\$	○
<b>3. PURCHASES/ACQUISITIONS FROM JANUARY 26, 2016 THROUGH APRIL 22, 2016</b> – State the total number of shares of Insys common stock purchased/acquired (including free receipts) from after the opening of trading on January 26, 2016 through and including the close of trading on April 22, 2016. (Must be documented.) If none, write “zero” or “0.” <sup>2</sup> _____				
<b>4. SALES FROM MARCH 3, 2015 THROUGH APRIL 22, 2016</b> – Separately list each and every sale/disposition (including free deliveries) of Insys common stock from after the opening of trading on March 3, 2015 through and including the close of trading on April 22, 2016. (Must be documented.)				<b>IF NONE, CHECK HERE</b> <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 fees, commissions, and taxes)	Confirm Proof of Sale Enclosed
/ /		\$	\$	○
/ /		\$	\$	○
/ /		\$	\$	○
/ /		\$	\$	○
<b>5. HOLDINGS AS OF APRIL 22, 2016</b> – State the total number of shares of Insys common stock held as of the close of trading on April 22, 2016. (Must be documented.) If none, write “zero” or “0.” _____				Confirm Proof of Position Enclosed <input type="checkbox"/>
<b>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.</b>				<input type="checkbox"/>

<sup>2</sup> **Please note:** Information requested about your purchases/acquisitions of Insys common stock from after the opening of trading on January 26, 2016 through and including the close of trading on April 22, 2016 is needed in order to balance your claim; purchases/acquisitions during this period, however, are not eligible under the Settlement and will not be used for purposes of calculating your Recognized Claim under the Plan of Allocation.

**PART IV - RELEASE OF CLAIMS AND SIGNATURE**

**YOU MUST ALSO READ THE RELEASE AND CERTIFICATION BELOW  
AND SIGN ON PAGE 7 OF THIS CLAIM FORM.**

I (we) hereby acknowledge that, pursuant to the terms set forth in the Stipulation and Agreement of Settlement Between Lead Plaintiff and Defendant John N. Kapoor dated July 1, 2020, without further action by anyone, upon the Effective Date of the Settlement, I (we), on behalf of myself (ourselves) and my (our) spouses, heirs, executors, administrators, predecessors, successors, and assigns, 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 Class Representative's Claim against the Settling Defendant and the other Settling Defendant's Releasees, and shall forever be barred and enjoined from prosecuting any or all of the Released Class Representative's Claims against any of the Settling Defendant's 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 of the Action with Defendant Kapoor and the terms of the Plan of Allocation;
2. that the claimant(s) is a (are) member(s) of the Class, 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 I (we) own(ed) the Insys common stock identified in the Claim Form and have not assigned the claim against Defendant Kapoor or any of the other Settling Defendant's 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;
4. that the claimant(s) has (have) not submitted any other claim covering the same purchases/acquisitions of Insys common stock and knows (know) of no other person having done so on the claimant's (claimants') behalf;
5. that the claimant(s) submit(s) to the jurisdiction of the Court with respect to claimant's (claimants') claim and for purposes of enforcing the Releases set forth herein;
6. 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;
7. that the claimant(s) waive(s) the right to trial by jury, to the extent it exists, agree(s) to the determination by the Court of the validity or amount of this Claim and waives any right of appeal or review with respect to such determination;
8. 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
9. 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/it/they is (are) subject to backup withholding as a result of a failure to report all interest or dividends or (c) the IRS has notified the claimant(s) that he/she/it/they is (are) no longer subject to backup withholding. **If the IRS has notified the claimant(s) that he/she/it/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, 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.

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Signature of claimant

Date

---

Print claimant name here

---

Signature of joint claimant, if any

Date

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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:***

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Signature of person signing on behalf of claimant

Date

---

Print name of person signing on behalf of claimant here

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Capacity of person signing on behalf of claimant, if other than an individual, *e.g.*, executor, president, trustee, custodian, etc. (Must provide evidence of authority to act on behalf of claimant – *see* ¶ 10 on page 3 of this Claim Form.)

## REMINDER CHECKLIST

1. **If you already submitted, or plan to submit, a Claim Form for the Baker Settlement, you should not submit another Claim Form as your Baker Settlement Claim Form will also be processed in connection with the Settlement with Defendant Kapoor. If you are unsure about whether or not you submitted a Claim Form for the Baker Settlement, please contact A.B. Data, Ltd.**
2. Sign the above release and certification. If this Claim Form is being made on behalf of joint claimants, then both must sign.
3. Attach only **copies** of acceptable supporting documentation as these documents will not be returned to you.
4. Do not highlight any portion of the Claim Form or any supporting documents.
5. Keep copies of the completed Claim Form and any supporting documentation for your own records.
6. The Claims Administrator will acknowledge receipt of your Claim Form by mail, within 60 days. Your Claim Form 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 1-866-905-8102.**
7. If your address changes in the future, you must send the Claims Administrator written notification of your new address. If you change your name, inform the Claims Administrator.
8. If you have any questions or concerns regarding your claim, please contact the Claims Administrator at the mailing address below, by email at [info@InsysRXSecuritiesLitigation.com](mailto:info@InsysRXSecuritiesLitigation.com), or by toll-free phone at 1-866-905-8102, or you may visit the website [www.InsysRXSecuritiesLitigation.com](http://www.InsysRXSecuritiesLitigation.com). **DO NOT** call the Court, Defendant Kapoor, or Defendant Kapoor's Counsel with questions regarding your claim.

THIS CLAIM FORM MUST BE MAILED TO THE CLAIMS ADMINISTRATOR BY FIRST-CLASS MAIL, OR SUBMITTED ONLINE AT [WWW.INSYSRXSECURITIESLITIGATION.COM](http://WWW.INSYSRXSECURITIESLITIGATION.COM), **POSTMARKED (OR RECEIVED) NO LATER THAN OCTOBER 10, 2020**. IF MAILED, THE CLAIM FORM SHOULD BE ADDRESSED AS FOLLOWS:

*Insys Therapeutics, Inc. Securities Litigation*  
c/o A.B. Data, Ltd.  
P.O. Box 170999  
Milwaukee, WI 53217

If mailed, a Claim Form received by the Claims Administrator shall be deemed to have been submitted when posted, if a postmark date on or before October 10, 2020, is indicated on the envelope and it is mailed First Class, and addressed in accordance with the above instructions. In all other cases, a Claim Form shall be deemed to have been submitted when actually received by the Claims Administrator.

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.