

with the Notice. As described in the Notice, the Judgment will release and enjoin the filing or continued prosecution of the Released Claims against the Released Defendant Parties (as defined in the Stipulation).

5. Use Parts III to V of this Claim Form to supply all required details of your transaction(s) (including free transfers) in and holdings of the Spectrum securities eligible to participate in the Settlement. On these schedules, please provide *all* the requested information with respect to your holdings, purchases, acquisitions, and sales of eligible Spectrum securities, whether such transactions resulted in a profit or a loss. Please provide only “contract” or “trade” dates in your claim. Failure to report all transaction and holding information during the requested time periods may result in the rejection of your claim. Please note: Only publicly traded Spectrum common stock (including through the exercise of warrants or options), call options, and put options purchased/acquired (or sold, with respect to put options) during the Class Period are eligible to participate.
6. You are required to submit genuine and sufficient documentation for all of your transactions in and holdings of the securities set forth in the Schedules of Transactions in Parts III to V of this form. Documentation may consist of copies of brokerage confirmations or monthly statements. The Parties and the Claims Administrator do not independently have information about your investments. IF SUCH DOCUMENTS ARE NOT IN YOUR POSSESSION, PLEASE OBTAIN COPIES OR EQUIVALENT CONTEMPORANEOUS DOCUMENTS FROM YOUR BROKER. FAILURE TO SUPPLY THIS DOCUMENTATION MAY RESULT IN THE REJECTION OF YOUR CLAIM. DO NOT SEND ORIGINALS. Please keep a copy of all documents that you send in. Also, please do not highlight any portion of the Claim Form or any supporting documents.
7. 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, 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).
8. This Claim Form must be signed by the beneficial owner(s), or a person duly authorized to sign on the beneficial owner’s(s’) behalf, of the Spectrum securities that are being identified. Joint beneficial owners must each sign this Claim Form. If you (i) purchased or acquired publicly traded Spectrum common stock (including through the exercise of warrants or options) and/or call options, and/or (ii) sold publicly traded Spectrum put options in your name or the securities were registered on your behalf in the name of a third party, such as a nominee or brokerage firm, then you are the beneficial owner and you must sign this Claim Form to participate in the Settlement.
9. Agents, executors, administrators, guardians, and trustees must complete and sign the Claim Form on behalf of Persons represented by them and proof of their authority must accompany this claim and their titles or capacities must be stated. The Social Security (or Taxpayer Identification) number of the beneficial owner may be used in verifying the claim. Failure to provide the foregoing information could delay verification of the claim or result in rejection of the claim.
10. 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 settlement website at www.spectrumsecuritiessettlement.com or you may email the Claims Administrator’s electronic filing department at info@spectrumsecuritiessettlement.com. Any file 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 after processing your file with your claim numbers and respective account information. Do not assume that your file has been received or processed until you receive this email. If you do not receive such an email within 10 days of your submission, you should contact the electronic filing department at info@spectrumsecuritiessettlement.com to inquire about your file and confirm it was received and acceptable.
11. To be considered timely, your Claim Form must be **postmarked or received, no later than June 9, 2016**. In all other cases, a Claim Form shall be deemed to have been submitted when actually received by the Claims Administrator.

PART IV: TRANSACTIONS IN SPECTRUM PUBLICLY TRADED CALL OPTIONS

1. **BEGINNING HOLDINGS** – For each of the following, state the total number of Spectrum call option contracts held as of the opening of trading on August 8, 2012. If none, write “0” or “Zero” (*must be documented*):

Purchase Price of Spectrum Call Option Contract	Number of Call Option Contracts Held	Expiration Date of Call Option Contract		Check Here if Documentation is Enclosed
		M M	Y Y	
\$ [] [] [] . [] []	[] [] [] [] [] [] [] []	[] []	[] []	<input type="checkbox"/>
\$ [] [] [] . [] []	[] [] [] [] [] [] [] []	[] []	[] []	<input type="checkbox"/>
\$ [] [] [] . [] []	[] [] [] [] [] [] [] []	[] []	[] []	<input type="checkbox"/>

2. **PURCHASES/ACQUISITIONS DURING THE CLASS PERIOD** – Separately list each and every purchase/acquisition of Spectrum call option contracts from after the opening of trading on August 8, 2012 through and including the close of trading on March 12, 2013 (*must be documented*):

Date of Purchase (List Chronologically) (MM-DD-YY)	Price of Spectrum Call Option Contract	Number of Call Option Contracts Purchased	Purchase Price Per Call Option Contract	Total Purchase Price (excluding commissions, taxes and fees)	Insert “E” if Exercised or Insert “X” if Expired	Exercise Date (MM-DD-YY)	Expiration Date of Call Option Contract (MM-YY)
- -	\$ _____	_____	\$ _____	\$ _____	_____	- -	-
- -	\$ _____	_____	\$ _____	\$ _____	_____	- -	-
- -	\$ _____	_____	\$ _____	\$ _____	_____	- -	-
- -	\$ _____	_____	\$ _____	\$ _____	_____	- -	-

3. **SALES DURING THE CLASS PERIOD AND DURING THE 90-DAY LOOKBACK PERIOD** – Separately list each and every sale of Spectrum call option contracts listed in #2 above from after the opening of trading on August 8, 2012 through and including the close of trading on June 11, 2013 (*must be documented*):

Date of Sale (List Chronologically) (MM-DD-YY)	Price of Spectrum Call Option Contract	Number of Call Option Contracts Sold	Sale Price Per Call Option Contract	Total Sale Price (excluding commissions, taxes and fees)	Insert “A” if Assigned or Insert “X” if Expired	Expiration Date of Call Option Contract (MM-YY)
- -	\$ _____	_____	\$ _____	\$ _____	_____	-
- -	\$ _____	_____	\$ _____	\$ _____	_____	-
- -	\$ _____	_____	\$ _____	\$ _____	_____	-
- -	\$ _____	_____	\$ _____	\$ _____	_____	-

4. **ENDING HOLDINGS** – For each of the following, state the total number of Spectrum call option contracts held as of the close of trading on June 11, 2013. If none, write “0” or “Zero.” If you wrote any call options, thereby having a short position in the options, please state the total short position(s) as a negative number (*must be documented*):

Price of Spectrum Call Option Contract	Number of Call Option Contracts Held	Expiration Date of Call Option Contract		Check Here if Documentation is Enclosed
		M M	Y Y	
\$ [] [] [] . [] []	[] [] [] [] [] [] [] []	[] []	[] []	<input type="checkbox"/>
\$ [] [] [] . [] []	[] [] [] [] [] [] [] []	[] []	[] []	<input type="checkbox"/>
\$ [] [] [] . [] []	[] [] [] [] [] [] [] []	[] []	[] []	<input type="checkbox"/>

IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS, YOU MUST PHOTOCOPY THIS PAGE AND CHECK THIS BOX

PART V: TRANSACTIONS IN SPECTRUM PUBLICLY TRADED PUT OPTIONS

1. **BEGINNING HOLDINGS** – For each of the following, state the total number of Spectrum put option contracts held as of the opening of trading on August 8, 2012. If none, write “0” or “Zero” (*must be documented*):

Price of Spectrum Put Option Contract	Number of Put Option Contracts Held	Expiration Date of Put Option Contract		Check Here if Documentation is Enclosed
		M M	Y Y	
\$ [] [] [] . [] []	[] [] [] [] [] [] [] []	[] []	- [] []	<input type="checkbox"/>
\$ [] [] [] . [] []	[] [] [] [] [] [] [] []	[] []	- [] []	<input type="checkbox"/>
\$ [] [] [] . [] []	[] [] [] [] [] [] [] []	[] []	- [] []	<input type="checkbox"/>

2. **SALES (WRITING OF PUT OPTIONS) DURING THE CLASS PERIOD** – Separately list each and every sale (writing) of Spectrum put option contracts from after the opening of trading on August 8, 2012 through and including the close of trading on March 12, 2013 (*must be documented*):

Date of Sale (Writing) (List Chronologically) (MM-DD-YY)	Price of Spectrum Put Option Contract	Number of Put Option Contracts Sold (Wrote)	Sale Price Per Put Option Contract	Total Sale Price (excluding commissions, taxes and fees)	Insert “A” if Exercised or Insert “X” if Expired	Assign Date (MM-DD-YY)	Expiration Date of Put Option Contract (MM-YY)
- -	\$ _____	_____	\$ _____	\$ _____	_____	- -	-
- -	\$ _____	_____	\$ _____	\$ _____	_____	- -	-
- -	\$ _____	_____	\$ _____	\$ _____	_____	- -	-
- -	\$ _____	_____	\$ _____	\$ _____	_____	- -	-

3. **RE-PURCHASES DURING THE CLASS PERIOD AND DURING THE 90-DAY LOOKBACK PERIOD** – Separately list each and every re-purchase of Spectrum put option contracts listed in #2 above from after the opening of trading on August 8, 2012 through and including the close of trading on June 11, 2013 (*must be documented*):

Date of Re-Purchase (List Chronologically) (MM-DD-YY)	Price of Spectrum Put Option Contract	Number of Put Option Contracts Purchased	Purchase Price Per Put Option Contract	Total Purchase Price (excluding commissions, taxes and fees)	Insert “E” if Exercised or Insert “X” if Expired	Expiration Date of Put Option Contract (MM-YY)
- -	\$ _____	_____	\$ _____	\$ _____	_____	-
- -	\$ _____	_____	\$ _____	\$ _____	_____	-
- -	\$ _____	_____	\$ _____	\$ _____	_____	-
- -	\$ _____	_____	\$ _____	\$ _____	_____	-

4. **ENDING HOLDINGS** – For each of the following, state the total number of Spectrum put option contracts held as of the close of trading June 11, 2013. If none, write “0” or “Zero.” If you wrote any put options, thereby having a short position in the options, please state the total short position(s) as a negative number (*must be documented*):

Price of Spectrum Put Option Contract	Number of Put Option Contracts Held	Expiration Date of Put Option Contract		Check Here if Documentation is Enclosed
		M M	Y Y	
\$ [] [] [] . [] []	[] [] [] [] [] [] [] []	[] []	- [] []	<input type="checkbox"/>
\$ [] [] [] . [] []	[] [] [] [] [] [] [] []	[] []	- [] []	<input type="checkbox"/>
\$ [] [] [] . [] []	[] [] [] [] [] [] [] []	[] []	- [] []	<input type="checkbox"/>

IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS, YOU MUST PHOTOCOPY THIS PAGE AND CHECK THIS BOX

VI. SUBMISSION TO JURISDICTION OF COURT AND ACKNOWLEDGMENTS

By signing and submitting this Proof of Claim form, the claimant(s) or the person(s) acting on behalf of the claimant(s) certify(ies) that: I (We) submit this Proof of Claim form under the terms of the Plan of Allocation of the Net Settlement Fund described in the accompanying Notice. I (We) also submit to the jurisdiction of the United States District Court for the District of Nevada (the "Court") with respect to my (our) claim as a Settlement Class Member(s) and for purposes of enforcing the releases set forth herein. I (We) further acknowledge that I (we) will be bound by the terms of any judgment entered in connection with the Settlement in the Action, including the releases set forth therein. I (We) agree to furnish additional information to the Claims Administrator to support this claim, such as additional documentation for transactions in eligible Spectrum securities, if required to do so. I (We) have not submitted any other claim covering the same purchases, acquisitions or sales of eligible publicly traded Spectrum common stock (including through the exercise of warrants or options), Spectrum call options, or Spectrum put options during the Class Period and know of no other person having done so on my (our) behalf.

VII. WARRANTIES AND CERTIFICATION

1. I (We) hereby warrant and represent that I am (we are) a Settlement Class Member as defined in the Notice, that I am (we are) not excluded from the Settlement Class, that I am (we are) not one of the "Released Defendant Parties" as defined in the accompanying Notice, and that I (we) believe I am (we are) eligible to receive a distribution from the Net Settlement Fund under the terms and conditions of the Plan of Allocation, as set forth in the Notice.
2. I (We) hereby warrant and represent that I (we) have not assigned or transferred or purported to assign or transfer, voluntarily or involuntarily, any matter released pursuant to this release or any other part or portion thereof.
3. I (We) hereby warrant and represent that I (we) have included information about all of my (our) purchases, acquisitions and sales and other transactions in publicly traded Spectrum common stock (including through the exercise of warrants or options), Spectrum call options, or Spectrum put options that occurred during the Class Period and the number of securities held by me (us) at the beginning of trading on August 8, 2012 and at the close of trading on June 11, 2013.
4. The number shown on this form is my current SSN; TIN; or EIN.
5. I (We) certify that I am (we are) NOT subject to backup withholding under the provisions of Section 3406(a)(1)(C) of the Internal Revenue Code because: (a) I am (we are) exempt from backup withholding; or (b) I (we) have not been notified by the Internal Revenue Service that I am (we are) subject to backup withholding as a result of a failure to report all interest or dividends; or (c) the Internal Revenue Service has notified me (us) that I am (we are) no longer subject to backup withholding. *NOTE: If you have been notified by the Internal Revenue Service that you are subject to backup withholding, please strike out the prior language that you are not subject to backup withholding.*

I (We) declare that all of the foregoing information supplied by the undersigned is true and correct.

Executed this _____ day of _____, 20__

Signature of Claimant

Type or print name of Claimant

Signature of Joint Claimant, if any

Type or print name of Joint Claimant, if any

Signature of person signing on behalf of Claimant

Type or print name of person signing on behalf of Claimant

Capacity of person signing on behalf of Claimant, if other than an individual (e.g., Administrator, Executor, Trustee, President, Custodian, Power of Attorney, etc.)

**ACCURATE CLAIMS PROCESSING TAKES A SIGNIFICANT AMOUNT OF TIME.
THANK YOU FOR YOUR PATIENCE.**

REMINDER CHECKLIST

1. Please sign this Claim Form.
2. Remember to attach supporting documentation, if available. DO NOT HIGHLIGHT THE PROOF OF CLAIM FORM OR YOUR SUPPORTING DOCUMENTATION.
3. Do NOT send original stock certificates or original brokerage statements.
4. Keep a copy of your Proof of Claim form for your records.
5. The Claims Administrator will acknowledge receipt of your Proof of Claim by mail, within 60 days. Your claim is not deemed submitted until you receive an acknowledgment postcard. If you do not receive an acknowledgment postcard within 60 days, please call the Claims Administrator toll free at 1-844-449-3580.
6. If you move after submitting this Proof of Claim, please notify the Claims Administrator of the change in your address.

**THIS PROOF OF CLAIM MUST BE POSTMARKED OR RECEIVED NO LATER
THAN JUNE 9, 2016.**

Spectrum Pharmaceuticals, Inc., Securities Litigation
c/o Analytics, Claims Administrator
P.O. Box 2007
Chanhassen, MN 55317-2007