

PROOF OF CLAIM FORM AND RELEASE

**MUST BE POSTMARKED
OR SUBMITTED ONLINE
NO LATER THAN
MAY 22, 2020**

Deora v. NantHealth, Inc.
No. 2:17-cv-01825-TJH-MRW (C.D. Cal.)

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NO LATER THAN
MAY 22, 2020**

COMPLETE, ENCLOSE DOCUMENTS, SIGN, AND SEND BY MAY 22, 2020, TO:

NantHealth, Inc., Securities Litigation
JND Legal Administration
PO Box 91125
Seattle, WA 98111

OR SUBMIT ONLINE AT: www.NantHealthSecuritiesLitigation.com

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PART 1 – CLAIMANT INFORMATION

Provide the information below for the person or entity filing the claim.

Specify one of the following:				
<input type="checkbox"/> Individual(s)	<input type="checkbox"/> Corporation	<input type="checkbox"/> UGMA Custodian	<input type="checkbox"/> IRA	<input type="checkbox"/> Partnership
<input type="checkbox"/> Estate	<input type="checkbox"/> Trust	<input type="checkbox"/> Other _____		
Number and Street or P.O. Box				
<input style="width: 100%;" type="text"/>				
City	State	Zip Code		
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>		
Foreign Province and Postal Code	Foreign Country			
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>			
Telephone Number	Email Address			
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>			
Account Number				
<input style="width: 100%;" type="text"/>				

A. Complete this Section ONLY if the Beneficial Owner¹ is an individual(s) or IRA account. Otherwise, proceed to B.

Last Name (Beneficial Owner)	First Name (Beneficial Owner)
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Last Name (Joint Beneficial Owner, if applicable)	First Name (Joint Beneficial Owner, if applicable)
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Name of IRA Custodian, if applicable	
<input style="width: 100%;" type="text"/>	

B. Complete this Section ONLY if the Beneficial Owner¹ is an Entity

Entity Name
<input style="width: 100%;" type="text"/>
Name of Representative, if applicable (Executor, administrator, trustee, etc.)
<input style="width: 100%;" type="text"/>

¹ If you purchased NantHealth common stock through a third party, such as a nominee or brokerage firm, and the shares were registered in the name of that third party, you are the beneficial purchaser or acquirer of the shares.

PART II – SCHEDULE OF TRANSACTIONS

Complete this Section. You must also submit documentation of your transactions.

- A. Stock Purchases.** List all purchases and acquisitions of NantHealth common stock between June 1, 2016, and July 24, 2017.

Date of Purchase (list chronologically) (Month/Day/Year)	Number of Shares	Purchase Price Per Share	Amount Paid (excluding commissions, taxes, and fees)	Purchased on the Open Market?
/ /		\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
/ /		\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
/ /		\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
/ /		\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
/ /		\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
/ /		\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

- B. Stock Sales.** List all sales of NantHealth common stock between June 1, 2016, and July 24, 2017.

Date of Sale (list chronologically) (Month/Day/Year)	Number of Shares	Sale Price Per Share	Amount Received (excluding commissions, taxes, and fees)	Sold on the Open Market?
/ /		\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
/ /		\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
/ /		\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
/ /		\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
/ /		\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
/ /		\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

- C. Ending Holdings.** Number of shares of NantHealth common stock held at the close of trading on July 24, 2017, if any.

Number of Shares

PART III – RELEASES AND CERTIFICATION

Complete this section.

A. SUBMISSION TO JURISDICTION OF COURT AND ACKNOWLEDGMENTS

I submit this Proof of Claim form under the terms of the Stipulation of Settlement described in the Notice. I submit to the jurisdiction of the United States District Court for the Central District of California, with respect to my claim and for enforcing the release below. I acknowledge I will be bound by the terms of any judgment entered in connection with the Settlement. I agree to provide additional information regarding this claim if the Claims Administrator requests it. I have not submitted any other claim covering the same transactions of NantHealth common stock at issue in the Action and know of no other person having done so on my behalf.

B. RELEASE

I understand that I am irrevocably releasing my legal claims in exchange for the compensation as detailed in Section I.BB of the Stipulation of Settlement, which I have reviewed carefully (see www.NantHealthSecuritiesLitigation.com).

C. CERTIFICATION

I have no reason to believe that I am subject to backup withholding. (If you have been notified by the IRS that you are subject to backup tax withholding, please strike out the previous sentence.)

I attest that all of the above information is true and correct to the best of my knowledge.

Executed on: _____, 20__ in _____, _____.
Date City State/Country

Signature

Type or Print Name

Capacity of person signing (e.g., beneficial purchaser, executor, administrator)

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REMINDER CHECKLIST



1. Please sign the above release and certification. If this claim is being made on behalf of joint claimants, both must sign.

2. Remember to attach supporting documentation. Do not highlight the Proof of Claim form or supporting documentation.



3. Do not send original stock certificates or other original documentation; please send only copies. These items cannot be returned to you by the Settlement Administrator.



4. Keep a copy of your Proof of Claim form for your records.

5. The Settlement Administrator will acknowledge receipt of your Proof of Claim by mail, within 60 days. Your claim is not deemed by the Settlement Administrator to be submitted unless you receive an acknowledgement postcard. If you do not receive an acknowledgement postcard within 60 days, please call the Settlement Administrator. Also, you can submit your claim using a service that provides you with proof of mailing, such as: registered or certified mail, return receipt requested; express mail that does not waive signature; or courier service.



6. If you move or change your name, please inform the Settlement Administrator of your new address or name.