

UNITED STATES DISTRICT COURT  
DISTRICT OF MASSACHUSETTS

FADI DAHHAN, Individually and on Behalf of All Others Similarly Situated,	)	No. 1:17-cv-10511-IT
	)	<u>CLASS ACTION</u>
Plaintiff,	)	
vs.	)	
OVASCIENCE, INC., et al.,	)	
Defendants.	)	

---

**PROOF OF CLAIM AND RELEASE FORM**

1. To be eligible to receive a share of the Net Settlement Fund in connection with the Settlement of this Action, you must complete and sign this Proof of Claim and Release Form (“Claim Form”) and mail it by first-class mail to the address below, or submit it online at [www.OvaScienceSecuritiesLitigation.com](http://www.OvaScienceSecuritiesLitigation.com), with supporting documentation, **postmarked (if mailed) or received (if submitted online) by no later than August 22, 2022.**

Mail to:

*OvaScience Securities Litigation*  
c/o Gilardi & Co. LLC  
P.O. Box 43312  
Providence, RI 02940-3312

Failure to submit your Claim Form by the date specified will subject your claim to rejection and may preclude you from being eligible to receive a payment from the Settlement.

**2. Do not mail or deliver your Claim Form to the Court, Lead Counsel, Defendants’ Counsel, or any of the Parties to the Action. Submit your Claim Form only to the Claims Administrator at the address set forth above.**

**GENERAL INSTRUCTIONS**

3. It is important that you completely read and understand the Notice of (I) Proposed Settlement and Plan of Allocation; (II) Settlement Hearing; and (III) Motion for Attorneys’ Fees and Litigation Expenses (the “Notice”) that accompanies this Claim Form, including the proposed Plan of Allocation of the Net Settlement Fund set forth in the Notice. The Notice describes the proposed Settlement, 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 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, you will be certifying that you have read and that you understand the Notice, including the terms of the releases described therein and provided for herein.

4. This Claim Form is directed to all persons or entities who purchased or acquired common stock of OvaScience, Inc. (“OvaScience”) between December 17, 2014 and September 28, 2015, inclusive (the “Class Period”) (the “Class”).

5. By submitting this Claim Form, you will be making a request to share in the proceeds of the Settlement described in the Notice. **IF YOU ARE NOT A MEMBER OF THE CLASS (see the definition of the Class in Paragraph 34 of the Notice, which states who is included in and who is excluded from the Class), DO NOT SUBMIT A CLAIM FORM; 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.

6. **Submission of this Claim Form does not guarantee that you will be eligible to receive a payment from the Settlement. The distribution of the Net Settlement Fund will be governed by the Plan of Allocation set forth in the Notice, if it is approved by the Court, or by such other plan of allocation as the Court approves.**

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

8. You are required to submit genuine and sufficient documentation for all of your transactions in and holdings of OvaScience common stock as set forth in the Schedule of Transactions in Part II 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 Parties and the Claims Administrator do not independently have information about your investments in OvaScience

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.**

9. Use Part I of this Claim Form entitled "CLAIMANT INFORMATION" to identify the beneficial owner(s) of the OvaScience common stock. The complete name(s) of the beneficial owner(s) must be entered. If you held the OvaScience common stock in your own name, you were the beneficial owner as well as the record owner. If, however, your OvaScience common stock was registered in the name of a third party, such as a nominee or brokerage firm, you were the beneficial owner of the security, but the third party was the record owner. The beneficial owner, not the record owner, must sign this Claim Form to be eligible to participate in the Settlement. If there were joint beneficial owners, each must sign this Claim Form and their names must appear as "Claimants" in Part I of this Claim Form.

10. **One Claim should be submitted for each separate legal entity or separately managed account.** Separate Claim Forms should be submitted for each separate legal entity (e.g., an individual should not combine his or her IRA transactions with transactions made solely in the individual's name). Generally, a single Claim Form should be submitted on behalf of one legal entity, including all holdings and transactions made by that entity on one Claim Form. However, if a single person or legal entity had multiple accounts that were separately managed, separate Claims may be submitted for each such account. The Claims Administrator reserves the right to request information on all the holdings and transactions in OvaScience common stock made on behalf of a single beneficial owner.

11. 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 (or other person or entity on whose behalf they are acting with respect to) the OvaScience common stock; 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.)

12. By submitting a signed Claim Form, you will be swearing that you:

- (a) own(ed) the OvaScience common stock you have listed in the Claim Form; or
- (b) are expressly authorized to act on behalf of the owner thereof.

13. 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.

14. 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 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.

15. **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.

16. If you have questions concerning the Claim Form, or need additional copies of the Claim Form or the Notice, you may contact the Claims Administrator, Gilardi & Co. LLC, at the above address, by email at [info@OvaScienceSecuritiesLitigation.com](mailto:info@OvaScienceSecuritiesLitigation.com), or by toll-free phone at 1-866-757-7818, or you can visit the Settlement website, [www.OvaScienceSecuritiesLitigation.com](http://www.OvaScienceSecuritiesLitigation.com), where copies of the Claim Form and Notice are available for downloading.

17. **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.OvaScienceSecuritiesLitigation.com](http://www.OvaScienceSecuritiesLitigation.com), or you may email the Claims Administrator's electronic filing department at [edata@gilardi.com](mailto:edata@gilardi.com). **Any file not in accordance with the required electronic filing format will be subject to rejection.** The **complete** name of the beneficial owner of the securities must be entered where called for (see Paragraph 9 above). Distribution payments must be made by check or electronic payment payable to the Authorized Claimant (beneficial account owner). The Third-Party Filer shall not be the payee of any distribution payment check or electronic distribution payment. No electronic files will be considered to have been submitted unless the Claims Administrator issues an email 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 electronic filing department at [edata@gilardi.com](mailto:edata@gilardi.com) to inquire about your file and confirm it was received.**

Official  
Office  
Use  
Only

UNITED STATES DISTRICT COURT  
DISTRICT OF MASSACHUSETTS

*Dahhan v. OvaScience, Inc., et al.*

No. 1:17-cv-10511-IT

**PROOF OF CLAIM AND RELEASE**

**Must Be Postmarked (if Mailed)  
or Received (if Submitted Online)  
No Later Than August 22, 2022**

**OVA**

Please Type or Print in the Boxes Below  
Do NOT use Red Ink, Pencil, or Staples

**PART I. CLAIMANT INFORMATION**

Please read "General Instructions," above, before completing this "Part I – Claimant Information." The Claims Administrator will use the information provided for all communications regarding this Claim Form. If this information changes, you **MUST** notify the Claims Administrator in writing at the address above. Complete names of all persons and entities must be provided.

Last Name  M.I.  First Name

Last Name (Co-Beneficial Owner)  M.I.  First Name (Co-Beneficial Owner)

IRA  Joint Tenancy  Employee  Individual  Other

Company Name (Beneficial Owner - If Claimant is not an Individual) or Custodian Name if an IRA  (specify)

Trustee/Asset Manager/Nominee/Record Owner's Name (If Different from Beneficial Owner Listed Above)

Account#/Fund# (Not Necessary for Individual Filers)

Last Four Digits of Social Security Number  or Taxpayer Identification Number

Telephone Number (Primary Daytime)  Telephone Number (Alternate)

Email Address

**MAILING INFORMATION**

Address

Address

City  State  ZIP Code

Foreign Province  Foreign Postal Code  Foreign Country Name/Abbreviation

FOR CLAIMS PROCESSING ONLY	OB <input type="text"/>	CB <input type="text"/>	<input type="radio"/> ATP	<input type="radio"/> BE	<input type="radio"/> FL	<input type="radio"/> OP	MM / DD / YYYY	FOR CLAIMS PROCESSING ONLY
			<input type="radio"/> KE	<input type="radio"/> DR	<input type="radio"/> ME	<input type="radio"/> RE		
			<input type="radio"/> ICI	<input type="radio"/> EM	<input type="radio"/> ND	<input type="radio"/> SH		



**PART II. SCHEDULE OF TRANSACTIONS IN OVASCIENCE COMMON STOCK**

(NASDAQ TICKER: OVAS; CUSIP 69014Q) Use this section to provide information on your holdings and trading of OvaScience common stock (NASDAQ Ticker Symbol: OVAS) (“OvaScience common stock”) during the requested time periods. Please include proper documentation with your Claim Form as described in detail in the General Instructions, Paragraph 8 above.

A. Number of shares of OvaScience common stock held at the close of trading on December 16, 2014:  Proof Enclosed?  Y  N

B. Purchases and acquisitions (including free receipts) of OvaScience common stock (December 17, 2014 – September 28, 2015, inclusive):

PURCHASES										Total Purchase or Acquisition Price (Excluding Commissions, Taxes and Fees). Please round off to the nearest whole dollar	Proof of Purchase Enclosed?		
Trade Date(s) of Shares (List Chronologically)							Number of Shares Purchased or Acquired						
M	M	D	D	Y	Y	Y	Y						
1.			/		/					\$		.00	<input type="radio"/> Y <input type="radio"/> N
2.			/		/					\$		.00	<input type="radio"/> Y <input type="radio"/> N
3.			/		/					\$		.00	<input type="radio"/> Y <input type="radio"/> N
4.			/		/					\$		.00	<input type="radio"/> Y <input type="radio"/> N
5.			/		/					\$		.00	<input type="radio"/> Y <input type="radio"/> N

C. Number of shares of OvaScience common stock purchased or acquired (including free receipts) from September 29, 2015 through December 28, 2015:  Proof Enclosed?  Y  N

IMPORTANT: (i) If any purchase listed covered a “short sale,” please mark Yes:  Yes

(ii) If you received shares through an acquisition or merger, please identify the date, the share amount and the company acquired:

M M D D Y Y Y Y Merger Shares: Company:

/  /

D. Sales (including free deliveries) of OvaScience common stock (December 17, 2014 – December 28, 2015, inclusive):

SALES										Total Sales Price (Excluding Commissions, Taxes and Fees). Please round off to the nearest whole dollar	Proof of Sales Enclosed?		
Trade Date(s) of Shares (List Chronologically)							Number of Shares Sold						
M	M	D	D	Y	Y	Y	Y						
1.			/		/					\$		.00	<input type="radio"/> Y <input type="radio"/> N
2.			/		/					\$		.00	<input type="radio"/> Y <input type="radio"/> N
3.			/		/					\$		.00	<input type="radio"/> Y <input type="radio"/> N
4.			/		/					\$		.00	<input type="radio"/> Y <input type="radio"/> N
5.			/		/					\$		.00	<input type="radio"/> Y <input type="radio"/> N

E. Number of shares of OvaScience common stock held at the close of trading on December 28, 2015:  Proof Enclosed?  Y  N

If you require additional space, attach extra schedules in the same format as above. Sign and print your name on each additional page.

**YOU MUST READ AND SIGN THE RELEASE ON PAGE 6. FAILURE TO SIGN THE RELEASE MAY RESULT IN A DELAY IN PROCESSING OR THE REJECTION OF YOUR CLAIM.**



**PART III. RELEASE OF CLAIMS AND SIGNATURE**

**YOU MUST ALSO READ THE RELEASE AND CERTIFICATION  
BELOW AND SIGN ON PAGE 6 OF THIS CLAIM FORM.**

I (We) hereby acknowledge that, pursuant to the terms set forth in the Stipulation, without further action by anyone, upon the Effective Date of the Settlement, I (we), on behalf of myself (ourselves) and my (our) (the Claimant(s)) 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 any and all Released Plaintiff's Claims against Defendants and the other Defendants' Releasees, and shall forever be barred and enjoined from prosecuting any and all Released Plaintiff's Claims against any of the Defendants' Releasees, whether or not such Class Member executes and delivers the Claim Form or shares in the Net Settlement Fund.

**PART IV. 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:

- (a) that I (we) have read and understand the contents of the Notice and this Claim Form, including the releases provided for in the Settlement and the terms of the Plan of Allocation;
- (b) that the Claimant(s) is a (are) Class Member(s), as defined in the Notice, and is (are) not excluded by definition from the Class as set forth in the Notice;
- (c) that I (we) own(ed) the OvaScience common stock identified in the Claim Form and have not assigned the Claim against any of the Defendants or any of the other Defendants' 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;
- (d) that the Claimant(s) has (have) not submitted any other Claim covering the same purchases or acquisitions of OvaScience common stock and knows (know) of no other person having done so on the Claimant's (Claimants') behalf;
- (e) 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;
- (f) that I (we) agree to furnish such additional information with respect to this Claim Form as Lead Counsel, the Claims Administrator, or the Court may require;
- (g) that the Claimant(s) waive(s) the right to trial by jury, to the extent it exists, and 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;
- (h) 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
- (i) 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, or it is subject to backup withholding as a result of a failure to report all interest or dividends or (iii) the IRS has notified the Claimant(s) that he, she, or it is no longer subject to backup withholding. **If the IRS has notified the Claimant(s) that he, she, it, or 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.**

---

1 Information requested with respect to your purchases and acquisitions of OvaScience common stock from September 29, 2015 through and including December 28, 2015, is needed in order to balance your claim; purchases 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.



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.

Executed this \_\_\_\_\_ day of \_\_\_\_\_ in \_\_\_\_\_  
(Month/Year) (City/State/Country)

\_\_\_\_\_  
(Sign your name here)

\_\_\_\_\_  
(Sign your name here)

\_\_\_\_\_  
(Type or print your name here)

\_\_\_\_\_  
(Type or print your name here)

\_\_\_\_\_  
(Capacity of person(s) signing, e.g.,  
Beneficial Purchaser or Acquirer, Executor or Administrator)

\_\_\_\_\_  
(Capacity of person(s) signing, e.g.,  
Beneficial Purchaser or Acquirer, Executor or Administrator)

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

Reminder Checklist:

1. Please sign the above release and certification.
2. If this Claim Form is being made on behalf of Joint Claimants, then both must sign.
3. Remember to attach copies of supporting documentation, if available.
4. Attach only **copies** of acceptable supporting documentation as these documents will not be returned to you.
5. Keep a copy of your Claim Form and all supporting documentation for your records.
6. If you desire an acknowledgment of receipt of your Claim Form, please send it Certified Mail, Return Receipt Requested.
7. **Do not use red pen or highlighter** on the Claim Form or supporting documentation.
8. If your address changes in the future, or if this Claim Form was sent to an old or incorrect address, you must send the Claims Administrator written notification of your new address. If you change your name, inform the Claims Administrator.
9. If you have any questions or concerns regarding your Claim, please contact the Claims Administrator at the address below, by email at [info@OvaScienceSecuritiesLitigation.com](mailto:info@OvaScienceSecuritiesLitigation.com), or by toll-free phone at 1 (866) 757-7818, or you may visit [www.OvaScienceSecuritiesLitigation.com](http://www.OvaScienceSecuritiesLitigation.com). **DO NOT** call OvaScience or its counsel with questions regarding your Claim.

