

PROOF OF CLAIM AND RELEASE

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 AND IT MUST BE **POSTMARKED NO LATER THAN JANUARY 24, 2020.**

In re Akorn, Inc. Data Integrity Securities Litigation
c/o JND Legal Administration
PO Box 91207
Seattle, WA 98111-9307

Toll-Free Number: 1-844-961-0314
Email: Info@Akorn2019SecuritiesSettlement.com
Settlement Website: www.Akorn2019SecuritiesSettlement.com

CONTENTS

- 02 GENERAL INSTRUCTIONS
- 05 CLAIMANT IDENTIFICATION
- 06 SCHEDULE OF TRANSACTIONS IN AKORN STOCK
- 08 RELEASE OF CLAIMS AND SIGNATURE
- 10 REMINDER CHECKLIST

TO BE ELIGIBLE TO RECEIVE A SHARE OF THE SETTLEMENT FUND IN CONNECTION WITH THE SETTLEMENT OF THIS ACTION, YOU MUST COMPLETE AND SIGN THIS PROOF OF CLAIM AND RELEASE FORM (“PROOF OF CLAIM FORM”) AND MAIL IT BY FIRST-CLASS MAIL TO THE ADDRESS ON THE FIRST PAGE OF THIS PROOF OF CLAIM FORM, **POSTMARKED NO LATER THAN JANUARY 24, 2020.**

FAILURE TO SUBMIT YOUR PROOF OF CLAIM FORM BY THE DATE SPECIFIED WILL SUBJECT YOUR CLAIM TO REJECTION AND MAY PRECLUDE YOU FROM BEING ELIGIBLE TO RECEIVE ANY MONEY IN CONNECTION WITH THE SETTLEMENT.

DO NOT MAIL OR DELIVER YOUR PROOF OF CLAIM FORM TO THE COURT, THE PARTIES TO THE ACTION OR THEIR COUNSEL. SUBMIT YOUR PROOF OF CLAIM FORM ONLY TO THE CLAIMS ADMINISTRATOR AT THE ADDRESS SET FORTH ON THE FIRST PAGE OF THIS PROOF OF CLAIM FORM.

GENERAL INSTRUCTIONS

1. It is important that you completely read and understand the Notice of (I) Pendency of Class Action and Proposed Settlement; (II) Settlement Fairness Hearing; and (III) Motion for an Award of Attorneys’ Fees and Reimbursement of Litigation Expenses (the “Notice”) that accompanies this Proof of Claim Form, including the Plan of Allocation of the Net Settlement Fund set forth in the Notice. The Notice describes the proposed Settlement, how Settlement 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 Proof of Claim Form. By signing and submitting this Proof of 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.

2. By submitting this Proof of 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 SETTLEMENT CLASS MEMBER** (see the definition of the Settlement Class on page 10 of the Notice, which sets forth who is included in and who is excluded from the Settlement Class), **OR IF YOU, OR SOMEONE ACTING ON YOUR BEHALF, SUBMITTED A REQUEST FOR EXCLUSION FROM THE SETTLEMENT CLASS, DO NOT SUBMIT A PROOF OF CLAIM FORM. YOU MAY NOT, DIRECTLY OR INDIRECTLY, PARTICIPATE IN THE SETTLEMENT IF YOU ARE NOT A SETTLEMENT CLASS MEMBER. THUS, IF YOU ARE EXCLUDED FROM THE SETTLEMENT CLASS, ANY PROOF OF CLAIM FORM THAT YOU SUBMIT, OR THAT MAY BE SUBMITTED ON YOUR BEHALF, WILL NOT BE ACCEPTED.**

3. Submission of this Proof of 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 Notice, if it is approved by the Court, or by such other plan of allocation as the Court approves.

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

5. You are required to submit genuine and sufficient documentation for all of your transactions in and holdings of Akorn common stock set forth in the Schedule of Transactions in Part II of this Proof of 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, including Akorn, and the Claims Administrator do not independently have information about your investments in Akorn common stock. **IF SUCH DOCUMENTS ARE NOT IN YOUR POSSESSION, PLEASE OBTAIN COPIES 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, please do not highlight any portion of the Proof of Claim Form or any supporting documents.

6. Separate Proof of 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 Proof of Claim Form should be submitted on behalf of one legal entity including all transactions made by that entity on one Proof of 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 Proof of Claim Form).

7. All joint beneficial owners must each sign this Proof of Claim Form and their names must appear as "Claimants" in Part I of this Proof of Claim Form. If you owned Akorn common stock during the Class Period and held the shares in your name, you are the beneficial owner as well as the record owner and you must sign this Proof of Claim Form to participate in the Settlement. If, however, you owned Akorn common stock during the relevant time period and the securities 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 Proof of Claim Form to be eligible to participate in the Settlement.

8. Agents, executors, administrators, guardians and trustees must complete and sign the Proof of 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, 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 Akorn common stock; and (c) furnish herewith evidence of their authority to bind to the Proof of Claim Form the person or entity on whose behalf they are acting. (Authority to complete and sign a Proof of Claim Form cannot be established by stockbrokers demonstrating only that they have discretionary authority to trade securities in another person's accounts.)

9. By submitting a signed Proof of Claim Form, you will be swearing that you: (a) owned the Akorn common stock you have listed in the Proof of Claim Form; or (b) are expressly authorized to act on behalf of the owner thereof.

10. By submitting a signed Proof of 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.

11. 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.

12. 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.

13. If you have questions concerning the Proof of Claim Form, or need additional copies of the Proof of Claim Form or the Notice, you may contact the Claims Administrator, JND Legal Administration, at the above address, by email at info@Akorn2019SecuritiesSettlement.com, or by toll-free phone at 1-844 961-0314, or you can visit the Settlement website, www.Akorn2019SecuritiesSettlement.com, where copies of the Proof of Claim Form and Notice are available for downloading.

14. 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.Akorn2019SecuritiesSettlement.com or you may email the Claims Administrator's electronic filing department at AK2Securities@jndla.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 to that effect 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 AK2Securities@jndla.com to inquire about your file and confirm it was received and acceptable.

IMPORTANT: PLEASE NOTE

Only shares of Akorn common stock that you purchased during the Class Period (from November 3, 2016 through January 8, 2019) are eligible for recovery in the Settlement.

YOUR CLAIM IS NOT DEEMED FILED UNTIL YOU RECEIVE AN ACKNOWLEDGEMENT POSTCARD. THE CLAIMS ADMINISTRATOR WILL ACKNOWLEDGE RECEIPT OF YOUR PROOF OF CLAIM FORM BY MAIL, WITHIN 60 DAYS. IF YOU DO NOT RECEIVE AN ACKNOWLEDGEMENT POSTCARD WITHIN 60 DAYS, PLEASE CALL THE CLAIMS ADMINISTRATOR TOLL FREE AT 1-844 961-0314.

I. CLAIMANT IDENTIFICATION

The Claims Administrator will use this information for all communications regarding this Proof of Claim Form. If this information changes, you **MUST** notify the Claims Administrator in writing at the address above.

Claimant Name(s) (as the name(s) should appear on check, if eligible for payment; if the shares were jointly owned, the names of all beneficial owners must be provided):

Last Name	First Name
<input type="text"/>	<input type="text"/>

Last Name	First Name
<input type="text"/>	<input type="text"/>

Name of Person the Claims Administrator Should Contact Regarding this Proof of Claim Form (Must Be Provided):

Last Name	First Name
<input type="text"/>	<input type="text"/>

Mailing Address – Line 1: Street Address/P.O. Box

Mailing Address – Line 2 (If Applicable): Apartment/Suite/Floor Number

City	State/Province	Zip/Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Country

Last 4 digits of Claimant Social Security/Taxpayer Identification Number ¹

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Daytime Telephone Number	Evening Telephone Number
<input type="text"/>	<input type="text"/>

Email Address (an email address is not required, but if you provide it, you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

¹ The last four digits of the taxpayer identification number (TIN), consisting of a valid Social Security Number (SSN) for individuals or Employer Identification Number (EIN) for business entities, trusts, estates, etc., and the telephone number of the beneficial owner(s) may be used in verifying this claim.

II. SCHEDULE OF TRANSACTIONS IN AKORN STOCK

Please be sure to include proper documentation with your Proof of Claim Form as described in detail in the General Instructions, Paragraph 5, above. Do not include information regarding securities other than Akorn common stock (CUSIP No. 009728106; Ticker Symbol: AKRX).

<p>1. HOLDINGS AS OF NOVEMBER 3, 2016 – State the total number of shares of Akorn common stock held as of the opening of trading on November 3, 2016. (Must be documented.) If none, write “zero” or “0.”</p> <div style="border: 1px solid black; width: 200px; height: 20px; margin-left: auto; margin-right: auto;"></div>	<p>Confirm Proof of Position Enclosed</p> <input type="checkbox"/>
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2. PURCHASES FROM NOVEMBER 3, 2016 THROUGH JANUARY 8, 2019 – Separately list each and every purchase or acquisition (including free receipts) of Akorn common stock from after the opening of trading on November 3, 2016 through January 8, 2019. (Must be documented.)

Date of Purchase / Acquisition (List Chronologically) (Month/Day/Year)	Number of Shares Purchased/ Acquired	Purchase Price Per Share	Total Purchase/ Acquisition Price (excluding taxes, commissions, and fees)	Confirm Proof of Purchase Enclosed
/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>

3. PURCHASES/ACQUISITIONS FROM JANUARY 9, 2019 THROUGH APRIL 8, 2019² – State the total number of shares of Akorn common stock purchased/acquired (including free receipts) from after the opening of trading on January 9, 2019 through and including the close of trading on April 8, 2019. If none, write “zero” or “0.”

² Information requested with respect to your purchases/acquisitions of Akorn common stock from after the opening of trading on January 9, 2019 through and including the close of trading on April 8, 2019 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 Loss pursuant to the Plan of Allocation.

4. SALES FROM NOVEMBER 3, 2016 THROUGH APRIL 8, 2019 – Separately list each and every sale (including free deliveries) of Akorn common stock from after the opening of trading on November 3, 2016 through April 8, 2019. (Must be documented.)

Date of Sale (List Chronologically) (Month/Day/Year)	Number of Shares Sold	Sale Price Per Share	Total Sale Price (excluding taxes, commissions, and fees)	Confirm Proof of Sale Enclosed
/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>
/ /		\$	\$	<input type="checkbox"/>

5. HOLDINGS AS OF APRIL 8, 2019 – State the total number of shares of Akorn common stock held as of the close of trading on April 8, 2019. (Must be documented.) If none, write “zero” or “0.”

**Confirm Proof of
Position Enclosed**

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

III. RELEASE OF CLAIMS AND SIGNATURE

YOU MUST ALSO READ THE RELEASE AND CERTIFICATION BELOW AND SIGN ON PAGE 10 OF THIS PROOF OF CLAIM FORM.

I (we) hereby acknowledge that, pursuant to the terms set forth in the Stipulation and Agreement of Settlement dated August 9, 2019 (the "Stipulation"), without further action by anyone, upon the Effective Date of the respective Settlements, I (we), on behalf of myself (ourselves) and my (our) heirs, executors, administrators, predecessors, successors, and assigns, and all persons acting in concert with any such person, shall be deemed to have, and by operation of law and of the Judgment shall have, with respect to each and every Settled Claim, waive, release, forever discharge and dismiss, with prejudice, and agree not to institute, maintain or prosecute any or all Settled Claims against any or all of the Released Persons, and shall be permanently and finally enjoined without the necessity of posting a bond from commencing or prosecuting any actions or other proceedings asserting any of the Settled Claims either directly, indirectly, representatively, derivatively or in any other capacity against any of the Released Persons.

CERTIFICATION

1. that I (we) have read and understand the contents of the Notice, the Plan of Allocation, and this Proof of Claim Form, including the releases provided for in the Settlement and the terms of the Plan of Allocation;
2. that the claimant(s) is (are) members of the Settlement Class, as defined in the Notice, and is (are) not excluded by definition from the Settlement Class as set forth in the Notice;
3. that the claimant has **not** submitted a request for exclusion from the Settlement Class;
4. that I (we) own(ed) the Akorn common stock identified in the Proof of Claim Form and have not assigned the claim against the Defendants or any of the other Released Parties (as defined in the Notice) to another, or that, in signing and submitting this Proof of Claim Form, I (we) have the authority to act on behalf of the owner(s) thereof;
5. that the claimant(s) has (have) not submitted any other claim covering the same purchases/acquisitions of Akorn common stock and knows (know) of no other person having done so on the claimant's (claimants') behalf;
6. 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;
7. that I (we) agree to furnish such additional information with respect to this Proof of Claim Form as Lead Counsel, the Claims Administrator, or the Court may require;
8. 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;
9. 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

10. 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 (a) the claimant(s) is (are) exempt from backup withholding or (b) 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 (c) 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.**

UNDER THE PENALTIES OF PERJURY, I (WE) CERTIFY THAT ALL OF THE INFORMATION PROVIDED BY ME (US) ON THIS PROOF OF CLAIM FORM IS TRUE, CORRECT, AND COMPLETE, AND THAT THE DOCUMENTS SUBMITTED HEREWITH ARE TRUE AND CORRECT COPIES OF WHAT THEY PURPORT TO BE.

Signature of claimant

Date

Print claimant name here

Signature of joint claimant, if any

Date

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:

Signature of person signing on behalf of claimant

Date

Print name of person signing on behalf of claimant here

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 Paragraph 8 on page 3 of this Proof of Claim Form.)

REMINDER CHECKLIST



1. Sign the above release and certification. If this Proof of Claim Form is being made on behalf of joint claimants, then both must sign.

2. Attach only **copies** of acceptable supporting documentation as these documents will not be returned to you.



3. Do not highlight any portion of the Proof of Claim Form or any supporting documents.

4. Keep copies of the completed Proof of Claim Form and documentation for your own records.



5. The Claims Administrator will acknowledge receipt of your Proof of Claim Form by mail, within 60 days. Your claim 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 1-844-961-0314.**

6. If your address changes in the future, or if this Proof of 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.



7. If you have any questions or concerns regarding your claim, please contact the Claims Administrator at the address below, by email at info@Akorn2019SecuritiesSettlement.com, or by toll-free phone at 1-844-961-0314 or you may visit www.Akorn2019SecuritiesSettlement.com. **DO NOT** call Defendants or their counsel with questions regarding your claim.

THIS PROOF OF CLAIM FORM MUST BE MAILED TO THE CLAIMS ADMINISTRATOR BY FIRST-CLASS MAIL, **POSTMARKED NO LATER THAN JANUARY 24, 2020**, ADDRESSED AS FOLLOWS:

In re Akorn, Inc. Data Integrity Securities Litigation
c/o JND Legal Administration
PO Box 91207
Seattle, WA 98111-9307

A Proof of Claim Form received by the Claims Administrator shall be deemed to have been submitted when a **POSTMARK DATE NO LATER THAN JANUARY 24, 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 Proof of 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 Proof of Claim Forms. Please be patient and notify the Claims Administrator of any change of address.