

**MUST BE POSTMARKED
ON OR BEFORE
JANUARY 5, 2021**

FOR OFFICIAL USE ONLY

07



PART I - CLAIMANT INFORMATION

Beneficial Owner's First Name: _____ MI: _____ Beneficial Owner's Last Name: _____

Co-Beneficial Owner's First Name: _____ MI: _____ Co-Beneficial Owner's Last Name: _____

Entity Name (if claimant is not an individual): _____

Representative or Custodian Name (if different from Beneficial Owner(s) listed above): _____

Address 1: _____

Address 2: _____

City: _____ State: _____ ZIP: _____

Foreign Province: _____ Foreign Country: _____

Day Phone: (_____) _____ - _____ Evening Phone: (_____) _____ - _____

Email Address: _____

Account Number: _____

Specify one of the following:

Individual(s) Corporation UGMA Custodian IRA Partnership Estate

Trust Other: _____

Enter Taxpayer Identification Number below for the Beneficial Owner(s).

Social Security No. (for individuals) _____ or Taxpayer Identification No. (for estates, trusts, corporations, etc.) _____

_____ - _____ - _____





PART II - TRANSACTIONS IN INTELLIPHARMACEUTICS COMMON STOCK

Beginning Holdings:

State the total number of shares of INTELLIPHARMACEUTICS common stock owned at the close of trading on May 20, 2015, long or short (*must be documented*).

Number of Shares

Purchases:

A. Separately list each and every purchase of INTELLIPHARMACEUTICS common stock in a Covered Transaction during the period from May 21, 2015 and October 24, 2017, inclusive, and provide the following information (*must be documented*):

Trade Date (List Chronologically) (Month/Day/Year)	Number of Shares Purchased	Price	Total Cost (Excluding Commissions, Taxes, and Fees)

Sales:

B. Separately list each and every sale of INTELLIPHARMACEUTICS common stock in a Covered Transaction during the period May 21, 2015 and October 24, 2017, inclusive, and provide the following information (*must be documented*):

Trade Date (List Chronologically) (Month/Day/Year)	Number of Shares Sold	Price	Amount Received (Excluding Commissions, Taxes, and Fees)

Ending Holdings:

State the total number of INTELLIPHARMACEUTICS common stock owned at the close of trading on October 24, 2017, long or short (*must be documented*).

Number of Shares

If additional space is needed, attach separate, numbered sheets, giving all required information, substantially in the same format, and print your name and Social Security or Taxpayer Identification number at the top of each sheet.



Certification

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 I.R.S. that I am (we are) subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the I.R.S. has notified me (us) that I am (we are) no longer subject to backup withholding.

NOTE: If you have been notified by the I.R.S. that you are subject to backup withholding, please strike out the language that you are not subject to backup withholding in the certification above.

UNDER THE PENALTIES OF PERJURY, I (WE) CERTIFY THAT ALL OF THE INFORMATION I (WE) PROVIDED ON THIS PROOF OF CLAIM AND RELEASE FORM IS TRUE, CORRECT AND COMPLETE.

Signature of Claimant (If this claim is being made
on behalf of Joint Claimants, then each must sign)

(Signature)

(Signature)

(Capacity of person(s) signing, e.g. beneficial
purchaser(s), executor, administrator, trustee, etc.)
(See Item 2 on Page 1 for instructions)

Date: ____ / ____ / ____

THIS PROOF OF CLAIM MUST BE SUBMITTED NO LATER THAN JANUARY 5, 2021, AND MUST BE MAILED TO:

Intellipharmaceutics Securities Litigation
c/o Rust Consulting, Inc. - 7053
P.O. Box 44
Minneapolis, MN 55440-0044
(by regular mail)

Intellipharmaceutics Securities Litigation
c/o Rust Consulting, Inc. - 7053
625 Marquette Ave., Suite 900
Minneapolis, MN 55402
(by express delivery service)

A Proof of Claim received by the Claims Administrator shall be deemed to have been submitted when posted, if mailed by January 5, 2021, and if a postmark 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 shall be deemed to have been submitted when actually received by the Claims Administrator.

REMINDER CHECKLIST

- Please be sure to sign this Proof of Claim. If this Proof of Claim is submitted on behalf of joint claimants, then both claimants must sign.
- Please remember to attach supporting documents. Do NOT send any stock certificates. Keep copies of everything you submit.
- Do NOT use highlighter on the Proof of Claim or any supporting documents.
- If you move after submitting this Proof of Claim, please notify the Claims Administrator of the change in your address.