

**MUST BE
POSTMARKED NO
LATER THAN
NOVEMBER 16, 2018**



**FOR INTERNAL USE
ONLY**

PROOF OF CLAIM AND RELEASE FORM

To be eligible to receive a share of the Net Settlement Fund in connection with the Settlement of the action entitled *In re CytRx Corporation Securities Litigation*, No. 2:16-CV-05519-SJO-SK (the “Action”), you must be a Settlement Class Member and complete and sign this Proof of Claim and Release Form (“Claim Form”).

Submission of this Claim Form, however, does not assure that you will share in the proceeds of the Settlement.

YOU MUST MAIL BY FIRST-CLASS MAIL YOUR COMPLETED AND SIGNED CLAIM FORM POSTMARKED ON OR BEFORE NOVEMBER 16, 2018, TO:

**In re CytRx Corporation Securities Litigation
c/o A.B. Data, Ltd.
P.O. Box 173011
Milwaukee, WI 53217**

**Toll-Free Number: 800-547-4406
Email: info@CytRxSecuritiesSettlement.com
Settlement Website: www.CytRxSecuritiesSettlement.com**

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 any money in connection with the Settlement.

If you are a Settlement Class Member, you are bound by the terms of any judgment entered in the Action, REGARDLESS OF WHETHER OR NOT YOU SUBMIT A CLAIM FORM.

Do not mail or deliver your Claim Form to the Court, the settling parties or their counsel. Submit your Claim Form only to the Claims Administrator at the address set forth above.

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PART I – CLAIMANT INFORMATION

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

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

Name of Person the Claims Administrator Should Contact Regarding This Claim Form (Must be Provided):

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

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

City:

State/Province:

Zip Code/Postal Code (if outside U.S.):

Country:

Last 4 Digits of Claimant Social Security/Taxpayer Identification Number:¹

Daytime Telephone Number:

Evening Telephone Number:

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.

PART II – GENERAL INSTRUCTIONS

1. It is important that you completely read and understand the Notice of (I) Pendency of Class Action Certification of Settlement Class and Proposed Settlement; (II) Settlement Fairness Hearing; and (III) Motion for an Award of Attorneys' Fees and Reimbursement of Litigation Expenses; and (IV) Plan of Allocation (the "Notice"), including the Plan of Allocation of the Net Settlement Fund set forth in the Notice. The Notice is available online at www.CytRxSecuritiesSettlement.com or may be mailed to you upon request to the Claims Administrator. 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 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.

2. This Claim Form is directed to all persons or entities that, during the period from September 12, 2014, through July 11, 2016, inclusive, (the "Settlement Class Period"), purchased or acquired common stock of CytRx Corporation ("CytRx Common Stock") or exchange-traded call options on CytRx Common Stock ("CytRx Call Options"), or sold exchange-traded put options on CytRx Common Stock ("CytRx Put Options"), and were damaged thereby (the "Settlement Class"). CytRx Common Stock, CytRx Call Options, and CytRx Put Options are referred to collectively as "CytRx Securities." All persons and entities that are members of the Settlement Class are referred to as "Settlement Class Members."

3. Excluded from the Settlement Class by definition are: CytRx Corporation ("CytRx"), Steven A. Kriegsmann, and John Y. Caloz, the Officers and directors of CytRx at all relevant times, members of their Immediate Families and their legal representatives, heirs, successors, or assigns and any entity in which the Defendants have or had a controlling interest. Also excluded from the Settlement Class are any persons or entities who or which exclude themselves by submitting a timely and valid request for exclusion that is accepted by the Court.

4. If you are not a Settlement Class Member, do not submit a 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 (AS SET FORTH IN PARAGRAPH 3 ABOVE), ANY CLAIM FORM THAT YOU SUBMIT, OR THAT MAY BE SUBMITTED ON YOUR BEHALF, WILL NOT BE ACCEPTED.**

5. If you are a Settlement Class Member and you do not timely request exclusion, you will be bound by the terms of any judgments or orders entered in the Action, including the releases provided therein, REGARDLESS WHETHER OR NOT YOU SUBMIT A CLAIM FORM.

6. You are eligible to participate in the distribution of the Net Settlement Fund only if you are a member of the Settlement Class and if you complete and return this Claim Form as specified below. If you fail to submit a timely, properly addressed, and completed Claim Form with the required documentation, your claim may be rejected, and you may be precluded from receiving any distribution from the Net Settlement Fund.

7. **Submission of this 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 approved by the Court.**

8. Use the Schedules of Transactions in Parts III – V of this Claim Form to supply all required details of your transaction(s) (including free transfers) in and holdings of the applicable CytRx Securities. On the Schedules of Transactions, please provide all of the requested information with respect to your holdings, purchases, acquisitions and sales of the applicable CytRx Securities, whether such transactions resulted in a profit or a loss. Failure to report all transaction and holding information during the requested time periods may result in the rejection of your claim.

9. **Please note:** Only CytRx Common Stock and CytRx Call Options purchased/acquired, and CytRx Put Options sold, during the Settlement Class Period (*i.e.*, from September 12, 2014, through July 11, 2016, inclusive) are eligible under the Settlement. However, under the PSLRA "90-day look-back period" (described in the Plan of Allocation set forth in the Notice), your sales of CytRx Common Stock during the period from July 12, 2016, through and including October 7, 2016, will be used for purposes of calculating your Recognized Loss Amounts under the Plan of Allocation. Therefore, in order for the Claims Administrator to be able to balance your claim, the information concerning your transactions in CytRx Common Stock during the 90-day look-back period must also be provided. Additionally, for any CytRx Call Options in which you had a long position at the close of trading on July 11, 2016 and CytRx Put Options in which you had a short position at the close of trading on July 11, 2016, all of your transactions in those CytRx Call Options and CytRx Put Options will be used for the purposes of calculating your Recognized Loss Amounts under the Plan of Allocation. Therefore, in order for the Claims Administrator to balance your claim, you must also provide the requested information concerning your transactions in those CytRx Call Options and CytRx Put Options.

10. You are required to submit genuine and sufficient documentation for all of your transactions in and holdings of the applicable CytRx Securities set forth in the Schedules of Transactions in Parts III – V 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 CytRx Securities. 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 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 Claim Form or any supporting documents.**

11. CytRx Call Options and CytRx Put Options are identified by strike price and expiration date.

12. Separate Claim Forms should be submitted for each separate legal entity (e.g., a claim from joint owners should not include separate transactions through an account that is in the name of just one of the joint owners, and an individual should not combine his or her IRA transactions with transactions made through an account 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 on one 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 Claim Form).

13. All joint beneficial owners must sign this Claim Form. If you purchased or otherwise acquired CytRx Common Stock or CytRx Call Options, or sold CytRx Put Options, during the Settlement Class Period and held the securities in your name, you are the beneficial owner as well as the record owner and you must sign this Claim Form to participate in the Settlement. If, however, you purchased or otherwise acquired CytRx Common Stock or CytRx Call Options, or sold CytRx Put Options, during the Settlement Class 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 securities, but the third party is the record owner. The beneficial owner, not the record owner, must sign this Claim Form.

14. 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, 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 CytRx Securities; 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 stock in another person's accounts.)

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

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

16. 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.

17. 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 the completion of all claims processing. This could take substantial time. Please be patient.

18. 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, however, calculates to less than \$10.00, it will not be included in the calculation and no distribution will be made to that Authorized Claimant.

19. If you have questions concerning the Claim Form, or need copies of the Claim Form or the Notice, you may contact the Claims Administrator, A.B. Data, Ltd., at P.O. Box 173011, Milwaukee, WI, by email at info@CytRxSecuritiesSettlement.com, or by toll-free phone at 800-547-4406, or you may download the documents from the Settlement website, www.CytRxSecuritiesSettlement.com.

20. 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.CytRxSecuritiesSettlement.com or you may email the Claims Administrator's electronic filing department at info@CytRxSecuritiesSettlement.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 30 days of your submission, you should contact the electronic filing department at info@CytRxSecuritiesSettlement.com to inquire about your file and confirm it was received and acceptable.**

PART III – SCHEDULE OF TRANSACTIONS IN CYTRX COMMON STOCK

Complete this Part III if and only if you purchased/acquired CytRx Common Stock during the period from September 12, 2014 through and including July 11, 2016. Please include proper documentation with your Claim Form as described in detail in Part II – General Instructions, Paragraph 10, above. Do not include information in this section regarding securities other than CytRx Common Stock.

1. BEGINNING HOLDINGS – State the total number of shares of CytRx Common Stock held as of the opening of trading on September 12, 2014. (Must be documented.) If none, write “zero” or “0.”				Confirm Proof of Position Enclosed <input type="checkbox"/>
<input style="width: 150px; height: 20px;" type="text"/>				
2. PURCHASES/ACQUISITIONS DURING THE SETTLEMENT CLASS PERIOD – Separately list each and every purchase/acquisition (including free receipts) of CytRx Common Stock from after the opening of trading on September 12, 2014, through and including the close of trading on July 11, 2016. (Must be documented.)				
Date of Purchase/ Acquisition (List Chronologically) (Month/Day/Year)	Number of Shares Purchased/Acquired	Purchase/Acquisition 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"/>
3. PURCHASES/ACQUISITIONS DURING THE 90-DAY LOOK-BACK PERIOD – State the total number of shares of CytRx Common Stock purchased/acquired (including free receipts) from after the opening of trading on July 12, 2016, through and including the close of trading on October 7, 2016. If none, write “zero” or “0.” ²				<input style="width: 150px; height: 20px;" type="text"/>
4. SALES DURING THE SETTLEMENT CLASS PERIOD AND DURING THE 90-DAY LOOK-BACK PERIOD – Separately list each and every sale/disposition (including free deliveries) of CytRx Common Stock from after the opening of trading on September 12, 2014, through and including the close of trading on October 7, 2016. (Must be documented.)				IF NONE, CHECK HERE <input type="checkbox"/>
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"/>
5. ENDING HOLDINGS – STATE THE TOTAL NUMBER OF SHARES OF CYTRX COMMON STOCK HELD AS OF THE CLOSE OF TRADING ON OCTOBER 7, 2016. (MUST BE DOCUMENTED.) IF NONE, WRITE “ZERO” OR “0.”				Confirm Proof of Position Enclosed <input type="checkbox"/>
<input style="width: 150px; height: 20px;" type="text"/>				
IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS YOU MUST PHOTOCOPY THIS PAGE AND CHECK THIS BOX				<input type="checkbox"/>
IF YOU DO NOT CHECK THIS BOX THESE ADDITIONAL PAGES WILL NOT BE REVIEWED				

² **Please note:** Information requested with respect to your purchases/acquisitions of CytRx Common Stock from after the opening of trading on July 12, 2016, through and including the close of trading on October 7, 2016, is needed in order to balance your claim; purchases/acquisitions during this period, however, are not eligible under the Settlement and will not be used for purposes of calculating your Recognized Claim pursuant to the Plan of Allocation.

PART IV – SCHEDULE OF TRANSACTIONS IN CYTRX CALL OPTIONS

Complete this Part IV if and only if you purchased/acquired CytRx Call Options during the period from September 12, 2014 through and including July 11, 2016. Please include proper documentation with your Claim Form as described in detail in Part II – General Instructions, Paragraph 10, above. Do not include information in this section regarding securities other than CytRx Call Options.

1. BEGINNING HOLDINGS – Separately list all positions in CytRx Call Option contracts in which you had an open interest as of the opening of trading on September 12, 2014. (Must be documented.)	IF NONE, CHECK HERE <input type="checkbox"/>
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Strike Price of Call Option Contract	Expiration Date of Call Option Contract (Month/Day/Year)	Number of Call Option Contracts in Which You Had an Open Interest
\$	/ /	
\$	/ /	
\$	/ /	
\$	/ /	

2. PURCHASES/ACQUISITIONS OF CYTRX CALL OPTIONS – Separately list each and every purchase/acquisition (including free receipts) of CytRx Call Option contracts from after the opening of trading on September 12, 2014, through and including the expiration date of any CytRx call option contracts that you held long as of the close of trading on July 11, 2016. (Must be documented.)

Date of Purchase/Acquisition (Chronologically) (Month/Day/Year)	Strike Price of Call Option Contract	Expiration Date of Call Option Contract (Month/Day/Year)	Number of Call Option Contracts Purchased/Acquired	Purchase Acquisition Price Per Call Option Contract	Total Purchase/Acquisition Price (excluding taxes, commissions, and fees)	Insert an “E” if Exercised Insert an “X” if Expired	Exercise Date (Month/Day/Year)
/ /	\$	/ /		\$	\$		/ /
/ /	\$	/ /		\$	\$		/ /
/ /	\$	/ /		\$	\$		/ /
/ /	\$	/ /		\$	\$		/ /

3. SALES OF CYTRX CALL OPTIONS – Separately list each and every sale/disposition (including free deliveries) of CytRx Call Option contracts from after the opening of trading on September 12, 2014, through and including the expiration date of any CytRx Call Option contracts that you held long as of the close of trading on July 11, 2016. (Must be documented.)	IF NONE, CHECK HERE <input type="checkbox"/>
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Date of Sale (Chronologically) (Month/Day/Year)	Strike Price of Call Option Contract	Expiration Date of Call Option Contract (Month/Day/Year)	Number of Call Option Contracts Sold	Sale Price Per Call Option Contract	Total Sale Price (excluding taxes, commissions, and fees)
/ /	\$	/ /		\$	\$
/ /	\$	/ /		\$	\$
/ /	\$	/ /		\$	\$
/ /	\$	/ /		\$	\$

4. ENDING HOLDINGS – Separately list all positions in CytRx Call Option contracts that you held long as of the close of trading on July 11, 2016 in which you had an open interest as of the expiration date. (Must be documented.)			IF NONE, CHECK HERE <input type="checkbox"/>
Strike Price of Call Option Contract	Expiration Date of Call Option Contract (Month/Day/Year)	Number of Call Option Contracts in Which You Had an Open Interest	
\$	/ /		
\$	/ /		
\$	/ /		
\$	/ /		
IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS YOU MUST PHOTOCOPY THIS PAGE AND CHECK THIS BOX			<input type="checkbox"/>
IF YOU DO NOT CHECK THIS BOX THESE ADDITIONAL PAGES WILL NOT BE REVIEWED			

PART V – SCHEDULE OF TRANSACTIONS IN CYTRX PUT OPTIONS

Complete this Part V if and only if you sold (wrote) CytRx Put Options during the period from September 12, 2014, through and including July 11, 2016. Please include proper documentation with your Claim Form as described in detail in Part II – General Instructions, Paragraph10, above. Do not include information in this section regarding securities other than CytRx Put Options.

1. BEGINNING HOLDINGS – Separately list all positions in CytRx Put Option contracts in which you had an open interest as of the opening of trading on September 12, 2014. (Must be documented.)						IF NONE, CHECK HERE <input type="checkbox"/>	
Strike Price of Put Option Contract	Expiration Date of Put Option Contract (Month/Day/Year)			Number of Put Option Contracts in Which You Had an Open Interest			
\$	/ /						
\$	/ /						
\$	/ /						
\$	/ /						
2. SALES (WRITING) OF CYTRX PUT OPTIONS – Separately list each and every sale (writing) (including free deliveries) of CytRx Put Option contracts from after the opening of trading on September 12, 2014, through and including the expiration date of any CytRx Put Option contracts that you held a short position in as of the close of trading on July 11, 2016. (Must be documented.)							
Date of Sale (Writing) (Chronologically) (Month/Day/Year)	Strike Price of Put Option Contract	Expiration Date of Put Option Contract (Month/Day/Year)	Number of Put Option Contracts Sold (Written)	Sale Price Per Put Option Contract	Total Sale Price (excluding taxes, commissions, and fees)	Insert an “E” if Exercised Insert an “X” if Expired	Exercise Date (Month/Day/Year)
/ /	\$	/ /		\$	\$		/ /
/ /	\$	/ /		\$	\$		/ /
/ /	\$	/ /		\$	\$		/ /
/ /	\$	/ /		\$	\$		/ /

3. PURCHASES/ACQUISITIONS OF CYTRX PUT OPTIONS – Separately list each and every purchase/acquisition (including free receipts) of CytRx Put Option contracts from after the opening of trading on September 12, 2014, through and including the expiration date of any CytRx Put Option contracts that you held a short position in as of the close of trading on July 11, 2016. (Must be documented.)					IF NONE, CHECK HERE <input type="checkbox"/>
Date of Purchase/ Acquisition (Chronologically) (Month/Day/Year)	Strike Price of Put Option Contract	Expiration Date of Put Option Contract (Month/ Day/Year)	Number of Put Option Contracts Purchased/ Acquired	Purchase/ Acquisition Price Per Put Option Contract	Total Purchase/ Acquisition Price (excluding taxes, commissions, and fees)
/ /	\$	/ /			\$
/ /	\$	/ /			\$
/ /	\$	/ /			\$
/ /	\$	/ /			\$
4. ENDING HOLDINGS – Separately list all positions in CytRx Put Option contracts that you had a short position in as of the close of trading on July 11, 2016.in which you had an open interest as of the expiration date. (Must be documented.)					IF NONE, CHECK HERE <input type="checkbox"/>
Strike Price of Put Option Contract	Expiration Date of Put Option Contract (Month/Day/Year)		Number of Put Option Contracts in Which You Had an Open Interest		
\$	/ /				
\$	/ /				
\$	/ /				
\$	/ /				
IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS YOU MUST PHOTOCOPY THIS PAGE AND CHECK THIS BOX					<input type="checkbox"/>
IF YOU DO NOT CHECK THIS BOX THESE ADDITIONAL PAGES WILL NOT BE REVIEWED					

PART VI - RELEASE OF CLAIMS AND SIGNATURE

YOU MUST ALSO READ THE RELEASE AND CERTIFICATION BELOW AND SIGN ON PAGE 9 OF THIS CLAIM FORM.

I (we) hereby acknowledge that as of the Effective Date of the Settlement, pursuant to the terms set forth in the Stipulation, I (we), on behalf of myself (ourselves) and my (our) heirs, executors, administrators, predecessors, successors, affiliates and assigns, 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, discharged and dismissed each and every Released Plaintiffs’ Claim³ against each and all

³ “Released Plaintiffs’ Claim(s)” means all claims, suits, actions, appeals, causes of action, damages (including, without limitation, compensatory, punitive, exemplary, rescissory, direct, consequential, or special damages, and restitution and disgorgement), demands, rights, debts, penalties, costs, expenses, fees, injunctive relief, attorneys’ fees, expert or consulting fees, prejudgment interest, indemnities, duties, liabilities, losses, or obligations of every nature and description whatsoever, whether known claims or Unknown Claims, whether or not concealed or hidden, fixed or contingent, direct or indirect, anticipated or unanticipated, whether legal, contractual, rescissory, statutory, or equitable in nature, whether arising under federal, state, common, or foreign law, that are based upon, arise from, or relate to: (a) the subject matter of, or any facts alleged in, the SAC (as defined in the Stipulation) and any other complaints filed in this Action; or (b) any facts that could have been alleged in the SAC or any other complaints filed in this Action and relate to the purchase or acquisition of CytRx Common Stock or CytRx Call Options, or sale of CytRx Put Options during the Settlement Class Period. Notwithstanding the foregoing, “Released Plaintiffs’ Claim(s)” does not include (i) any claims relating to the enforcement of the Settlement; (ii) claims asserted in the shareholder derivative action filed in the Delaware Court of Chancery, entitled *Zyontz v. Kriegsman et al.*, Case No. 2017-0738-JRS; and (iii) any claims of any person or entity who or which submits a timely and valid request for exclusion that is accepted by the Court.

“Unknown claims” means any of the released plaintiffs’ claims which lead plaintiff and/or any other settlement class member does not know or suspect to exist in his, her or its favor at the time of the release of such claims, and any of the released defendants’ claims which any released defendant does not know or suspect to exist in his, her, or its favor at the time of the release of such claims, which, if known by him, her or it, might have affected his, her or its settlement with and release of the releasees, or might have affected his, her, or its decision(s) with respect to this settlement or decision not to object to this settlement. With respect to any and all released claims, the parties stipulate and agree that, upon

of the Released Defendants (as defined in the Stipulation and in the Notice) and shall forever be barred and enjoined from prosecuting any or all of the Released Plaintiffs' Claims against any of the Released Defendants.

Lead Plaintiff and Defendants shall expressly waive and each of the other Settlement Class Members and each of the Defendants' Releasees shall be deemed to have, and by operation of the Judgment or the Alternate Judgment, if applicable, shall have, expressly waived any and all provisions, rights, and benefits conferred by any law of any state or territory of the United States or any foreign country, or any principle of common law or foreign law, which is similar, comparable or equivalent in substance to California Civil Code § 1542. Lead Plaintiff, any other Settlement Class Member, Defendants and each of the Defendants' Releasees may hereafter discover facts in addition to or different from those which such party now knows or believes to be true with respect to the Released Claims, but the Parties stipulated and agreed that, upon the Effective Date of the Settlement, Lead Plaintiff and each of the Defendants shall expressly waive and release, and each Settlement Class Member and Defendants' Releasees shall be deemed to have, and by operation of the Judgment or the Alternate Judgment, if applicable, shall have, fully, finally, and forever expressly waived and released any and all Released Claims, without regard to the subsequent discovery or existence of such different or additional facts. Lead Plaintiff and each of the Defendants acknowledge, and the Settlement Class Members and the Defendants' Releasees shall be deemed by operation of law and the Judgment or the Alternate Judgment, if applicable, to have acknowledged, that the foregoing waiver and release was separately bargained for and a key element of the Settlement of which this waiver and release are a part.

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:

1. That I (we) have read and understand the contents of the Notice and this Claim Form, including the Releases provided for in the Stipulation and Settlement and the terms of the Plan of Allocation;
2. That the claimant(s) is a (are) Settlement Class Member(s), as defined in the Notice and in paragraph 2 on page 3 of this Claim Form, and is (are) not excluded from the Settlement Class by definition or pursuant to request as set forth in the Notice and in paragraph 3 on page 3 of this Claim Form;
3. That I (we) own(ed) the CytRx Common Stock and CytRx Call Options and had an interest in the CytRx Put Options identified in the Claim Form and have not assigned the claim against the Defendants 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;
4. That the claimant(s) has (have) not submitted any other claim covering the same purchases/acquisitions of CytRx Common Stock or CytRx Call Options, or sales of CytRx Put Options, and knows (know) of no other person having done so on the claimant's (claimants') behalf;
5. 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;
6. That I (we) agree to furnish such additional information with respect to this Claim Form as Plaintiffs' Counsel, the Claims Administrator or the Court may require;
7. That the claimant(s) waive(s) the right to trial by jury, to the extent it exists, and agree(s) to the Court's summary disposition of the determination of the validity or amount of the claim made by this Claim Form;
8. That I (we) hereby warrant and represent that I (we) have not assigned or transferred or purported to assign or transfer, voluntarily or involuntarily, any claim released pursuant to the Release above or any other part or portion thereof;
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/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/it is no longer subject to backup withholding. **If the IRS has notified the claimant(s) that he, she or it is 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.**

the effective date of the settlement, Lead Plaintiff and Defendants shall expressly waive, and each of the other Settlement Class Members and each of the Defendants' Releasees shall be deemed to have waived, and by operation of the Judgment or the Alternate Judgment, if applicable, shall have expressly waived the provisions, rights, and benefits of California Civil Code §1542, which provides:

A general release does not extend to claims which the creditor does not know or suspect to exist in his or her favor at the time of executing the release, which if known by him or her must have materially affected his or her settlement with the debtor.

UNDER THE PENALTY 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.

Signature of claimant	Print your name here	Date
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Signature of joint claimant, if any	Print your name here	Date
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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	Print your name here	Date
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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 9 on page 3 of this Claim Form)

REMINDER CHECKLIST:

1. Please sign the above release and certification. If this Claim Form is being made on behalf of joint claimants, then both must sign.
2. Remember to attach only **copies** of acceptable supporting documentation as these documents will not be returned to you.
3. Please do not use red pen or highlighter on any portion of the Claim Form or any supporting documents.
4. Do not send original security certificates or documentation. These items cannot be returned to you by the Claims Administrator.
5. Keep copies of the completed Claim Form and documentation for your own records.
6. If you desire an acknowledgment of receipt of your claim form please send it Certified Mail, Return Receipt Requested.
7. If your address changes in the future, or if this Claim Form was sent to an old or incorrect address, please send the Claims Administrator written notification of your new address. If you change your name, please inform the Claims Administrator.
8. If you have any questions or concerns regarding your claim, please contact the Claims Administrator at the address below, by email at info@CytRxSecuritiesSettlement.com, or toll-free at 800-547-4406, or visit www.CytRxSecuritiesSettlement.com.

Please DO NOT call CytRx or any of the other Defendants or their counsel with questions regarding your claim.

THIS CLAIM FORM MUST BE MAILED TO THE CLAIMS ADMINISTRATOR BY FIRST-CLASS MAIL, POSTMARKED NO LATER THAN NOVEMBER 16, 2018, ADDRESSED AS FOLLOWS:

In re CytRx Corporation Securities Litigation
c/o A.B. Data, Ltd.
P.O. Box 173011
Milwaukee, WI 53217

A Claim Form received by the Claims Administrator shall be deemed to have been submitted when posted, if a postmark date on or before November 16, 2018 is indicated on the envelope and it is mailed First Class, and addressed in accordance with the above instructions. In all other cases, a 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 and accurately process all of the Claim Forms. Please be patient and notify the Claims Administrator of any change of address