

UNITED STATES DISTRICT COURT
DISTRICT OF MASSACHUSETTS

IN RE ARIAD PHARMACEUTICALS, INC.
SECURITIES LITIGATION

No. 1:13-cv-12544 (WGY)

PROOF OF CLAIM AND RELEASE

DEADLINE FOR SUBMISSION: **April 26, 2018.**

If you purchased or otherwise acquired shares of ARIAD Pharmaceuticals, Inc. (“ARIAD”) publicly traded common stock during the period from December 11, 2012 through December 14, 2012, inclusive (“Settlement Class Period”), you are a “Settlement Class Member” and you may be entitled to share in the settlement proceeds.

Excluded from the Settlement Class are: (i) Defendants; (ii) the officers, directors, and affiliates of ARIAD; (iii) members of immediate family of any Individual Defendant; (iv) any entity in which any Defendant has or had a controlling interest; (v) ARIAD’s employee retirement and/or benefit plan(s) and their participants and/or beneficiaries to the extent they purchased or acquired ARIAD common stock through any such plan(s); and (vi) the legal representatives, heirs, successors or assigns of any such excluded person. Also excluded from the Settlement Class are any putative Settlement Class Members who exclude themselves by filing a request for exclusion in accordance with the requirements set forth in the Notice of Pendency of Class Action and Proposed Settlement, Motion for Attorneys’ Fees and Settlement Fairness Hearing (the “Notice”).

If you are a Settlement Class Member, you must complete and submit this Proof of Claim and Release form (“Claim Form”) in order to be eligible for any settlement benefits. You must either submit the Claim Form online using the settlement website www.AriadSecuritiesLitigation.com, or mail it by first class mail so that your Claim Form is **postmarked or received no later than April 26, 2018**. The mailing address for Claim Forms is:

In re ARIAD Pharmaceuticals, Inc. Securities Litigation
c/o Epiq Systems, Inc.
Claims Administrator
P.O. Box 4230
Portland, OR 97208-4230
www.AriadSecuritiesLitigation.com
(888) 524-4593

Your failure to submit your Claim Form by **April 26, 2018** will subject your claim to rejection and preclude you from receiving any money in connection with the settlement of this litigation. Do not mail or deliver your claim to the court or to any of the parties or their counsel as any such claim will be deemed not to have been submitted. Submit your claim only to the Claims Administrator.

NOTICE REGARDING ELECTRONIC FILES: Certain claimants with large numbers of transactions may alternatively request to, or may be requested to, submit information regarding their transactions in electronic files to the Claims Administrator. All such Claimants **MUST** submit a manually signed paper Claim Form listing all their transactions whether or not they also submit electronic copies. If you wish to file your claim electronically, you must contact the Claims Administrator at 1-(888) 524-4593 or visit their website at www.AriadSecuritiesLitigation.com to obtain the required file layout. No electronic files will be considered to have been properly submitted unless the Claims Administrator issues the Claimant a written acknowledgment of receipt and acceptance of electronically submitted data.

NOTE: Information requested with respect to your purchases/acquisitions of ARIAD publicly traded common stock from after the opening of trading on December 14, 2012 through and including the close of trading on March 13, 2013 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 pursuant to the Plan of Allocation.

CLAIMANT'S STATEMENT

6. I affirm that I purchased or otherwise acquired the publicly traded common stock of ARIAD Pharmaceuticals, Inc. during the period from December 11, 2012 through December 14, 2012, inclusive. (Do not submit this Claim Form if you did not purchase or otherwise acquire shares of publicly traded common stock of ARIAD during this period).
7. By submitting this Claim Form, I state that I believe in good faith that I am a Settlement Class Member as defined above and in the Notice, or am acting for such person; that I am not a Defendant in the Action or anyone excluded from the Settlement Class; that I have read and understand the Notice; that I believe that I am entitled to receive a share of the Net Settlement Fund; that I elect to participate in the proposed Settlement described in the Notice; and that I have not filed a request for exclusion. (If you are acting in a representative capacity on behalf of a Settlement Class Member (for example, as an executor, administrator, trustee, or other representative), you must submit evidence of your current authority to act on behalf of that Settlement Class Member. Such evidence would include, for example, letters testamentary, letters of administration, or a copy of the trust documents.)
8. I consent to the jurisdiction of the Court with respect to all questions concerning the validity of this Claim Form. I understand and agree that my claim may be subject to investigation and discovery under the Federal Rules of Civil Procedure, provided that such investigation and discovery shall be limited to my status as a Settlement Class Member and the validity and amount of my claim. No discovery shall be allowed on the merits of the Action or Settlement in connection with processing of the Proofs of Claim.
9. I have set forth where requested above all relevant information with respect to each purchase or other acquisition of ARIAD common stock during the Settlement Class Period, and each sale, if any, of such securities. I agree to furnish additional information (including purchase information during the 90-day look back period or transactions in other ARIAD securities) to the Claims Administrator to support this claim if requested to do so.
10. I have enclosed photocopies of the stockbroker's confirmation slips, stockbroker's statements, or other documents evidencing each purchase, acquisition, sale or retention of ARIAD common stock listed above in support of my claim. (If any such documents are not in your possession, please obtain a copy or equivalent documents from your broker because these documents are necessary to prove and process your claim.)
11. I understand that the information contained in this Claim Form is subject to such verification as the Claims Administrator may request or as the Court may direct, and I agree to cooperate in any such verification.
12. I hereby acknowledge that, upon the occurrence of the Effective Date, by operation of law, I on behalf of myself and on behalf of my heirs, executors, administrators, predecessors, successors, and assigns (or, if I am submitting this Claim Form on behalf of a corporation, a partnership, estate or one or more other persons, I on behalf of it, him, her or them and on behalf of its, his, her or their heirs, executors, administrators, predecessors, successors, and assigns) shall fully and completely release, remise and discharge each of the "Released Defendant Parties" of all "Settled Claims," as defined in the Notice.
13. 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 CLAIM FORM IS TRUE, CORRECT AND COMPLETE.

Signature of claimant

Date - -
MM DD YY

Print name here

Signature of joint claimant, if any

Date - -
MM DD YY

Print 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 - -
MM DD YY

Print your name here

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

THIS CLAIM FORM MUST BE SUBMITTED ONLINE OR BY MAIL NO LATER THAN **APRIL 26, 2018**, TO:

In re ARIAD Pharmaceuticals, Inc. Securities Litigation
c/o Epiq Systems, Inc.
Claims Administrator
P.O. Box 4230
Portland, OR 97208-4230
www.AriadSecuritiesLitigation.com
(888) 524-4593

To be considered timely, your Claim Form must be postmarked or received by the deadline above. Unless your Claim Form is submitted with a postmark, it will be deemed to have been submitted when actually received by the Claims Administrator. It will take a significant amount of time to process all Claim Forms. This work will be completed as promptly as time permits, given the need to investigate and tabulate each Claim Form.

REMINDER CHECKLIST

- Please be sure to sign this Claim Form. If this Claim Form 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 Claim Form or any supporting documents.
- If you move after submitting this Claim Form, please notify the Claims Administrator of the change in your address.

NOTE: RECEIPT ACKNOWLEDGMENT NEEDED

The Claims Administrator will send a written confirmation of its receipt of your Claim Form. Do not assume your claim is submitted until you receive this written confirmation. Your claim is not deemed fully submitted until the Claims Administrator sends you written confirmation of its receipt. If you do not receive an acknowledgement postcard within thirty (30) days of submitting the Claim Form, then please call the Claims Administrator toll free at 1-(888) 524-4593.