

Fill in this information to identify the case:

Debtor Akorn, Inc.

United States Bankruptcy Court for the: _____ District of Delaware
(State)

Case number 20-11177

**Official Form 410
Proof of Claim**

04/19

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies or any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. **Do not send original documents;** they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

| | | |
|---|---|--|
| 1. Who is the current creditor? | <u>Andreas Pesel</u> Name of the current creditor (the person or entity to be paid for this claim) | |
| | Other names the creditor used with the debtor _____ | |
| 2. Has this claim been acquired from someone else? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____ | |
| 3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g) | Where should notices to the creditor be sent? | Where should payments to the creditor be sent? (if different) |
| | <u>Andreas Pesel</u> <u>Rosenweg 7</u> <u>Uelzen, Niedersach 29525, Germany</u> | |
| | Contact phone <u>+49 171 561 2176</u> | Contact phone _____ |
| | Contact email <u>andreas.pesel@web.de</u> | Contact email _____ |
| | Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____ | |
| 4. Does this claim amend one already filed? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY | |
| 5. Do you know if anyone else has filed a proof of claim for this claim? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____ | |



Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? No
 Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: ____ _

7. How much is the claim? \$ 6056. Does this amount include interest or other charges?
 No
 Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
Limit disclosing information that is entitled to privacy, such as health care information.
Equity Security Holder in Akorn Inc.

9. Is all or part of the claim secured? No
 Yes. The claim is secured by a lien on property.
Nature or property:
 Real estate: If the claim is secured by the debtor's principle residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
 Motor vehicle
 Other. Describe: _____
Basis for perfection: _____
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
Value of property: \$ _____
Amount of the claim that is secured: \$ _____
Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amount should match the amount in line 7.)
Amount necessary to cure any default as of the date of the petition: \$ _____
Annual Interest Rate (when case was filed) _____ %
 Fixed
 Variable

10. Is this claim based on a lease? No
 Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? No
 Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

No

Yes. Check all that apply:

| | Amount entitled to priority |
|---|-----------------------------|
| <input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). | \$ _____ |
| <input type="checkbox"/> Up to \$3,025* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). | \$ _____ |
| <input type="checkbox"/> Wages, salaries, or commissions (up to \$13,650*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4). | \$ _____ |
| <input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). | \$ _____ |
| <input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). | \$ _____ |
| <input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(____) that applies. | \$ _____ |

* Amounts are subject to adjustment on 4/01/22 and every 3 years after that for cases begun on or after the date of adjustment.

13. Is all or part of the claim pursuant to 11 U.S.C. § 503(b)(9)?

No

Yes. Indicate the amount of your claim arising from the value of any goods received by the debtor within 20 days before the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim.

\$ _____

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

I am the creditor.

I am the creditor's attorney or authorized agent.

I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgement that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 07/30/2020
MM / DD / YYYY

/s/Andreas Pesel
Signature

Print the name of the person who is completing and signing this claim:

Name Andreas Pesel
First name Middle name Last name

Title _____

Company _____
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address _____

Contact phone _____ Email _____



KCC ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (877) 725-7539 | International (424) 236-7247

| | | |
|---|---|----------------------------------|
| Debtor: 20-11177 - Akorn, Inc. | | |
| District: District of Delaware | | |
| Creditor: Andreas Pesel Rosenweg 7 Uelzen, Niedersach, 29525 Germany Phone: +49 171 561 2176 Phone 2: +49 151 561 08 238 Fax: Email: andreas.pesel@web.de | Has Supporting Documentation: Yes, supporting documentation successfully uploaded Related Document Statement: | |
| | Has Related Claim: No Related Claim Filed By: | |
| | Filing Party: Creditor | |
| Other Names Used with Debtor: | Amends Claim: No Acquired Claim: No | |
| Basis of Claim: Equity Security Holder in Akorn Inc. | Last 4 Digits: No | Uniform Claim Identifier: |
| Total Amount of Claim: 6056 | Includes Interest or Charges: No | |
| Has Priority Claim: No | Priority Under: | |
| Has Secured Claim: No Amount of 503(b)(9): No Based on Lease: No Subject to Right of Setoff: No | Nature of Secured Amount: Value of Property: Annual Interest Rate: Arrearage Amount: Basis for Perfection: Amount Unsecured: | |
| Submitted By: Andreas Pesel on 30-Jul-2020 5:53:34 p.m. Eastern Time Title: Company: | | |

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

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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

PESEL

First Name

ANDREAS

Last Name

First Name

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

Last Name

PESEL

First Name

ANDREAS

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

ROSENWEG 7

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

City

UELZEN

State/Province

Zip/Postal Code

D-29525

Country

GERMANY

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

9 0 5 2

Daytime Telephone Number

+49 - 171 - 5612176

Evening Telephone Number

+49 - 171 - 5612176

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.)

ANDREAS.PESEL@WEB.DE

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).

| | |
|---|---|
| 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.” | Confirm Proof of Position Enclosed <input type="checkbox"/> |
| <div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">ZERO</div> | |

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 |
|--|--------------------------------------|--------------------------|--|-------------------------------------|
| 01 / 08 / 2019 | 1500 | \$ 4.03745 | \$ 6056.17 | <input checked="" 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.

Andreas Peesel

07 JANUARY 2020

Signature of claimant

Date

ANDREAS PESEL

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.

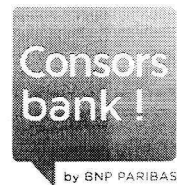


THIS PROOF OF CLAIM FORM MUST BE MAILED TO THE CLAIMS ADMINISTRATOR BY FIRST-CLASS MAIL, **POSTMARKED NO LATER THAN JANUARY 24, 2020**, ADDRESSED AS FOLLOWS:

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.



Andreas Pesel
Dietrich-Bonhoeffer-Str. 55
61350 Bad Homburg

Depotinhaber:
Andreas Pesel
Dietrich-Bonhoeffer-Str. 55

29. Oktober 2019/kl

Ihre bei uns im Depot 988790322 verbuchten
AKORN INC.

WKN 888920

Sehr geehrte Kundin, sehr geehrter Kunde,

gegen die beklagte Gesellschaft wurde eine Class Action (Sammelklage von Aktionären bei Verstößen gegen das Securities Exchange Act) beantragt.

Diese Information richtet sich an alle, die in der Zeit vom 03.11.2016 bis einschließlich 08.01.2019 Aktien der Akorn Inc. (WKN 888920 / ISIN US0097281069) kauften oder anderweitig erwarben. Sollten diese Bedingungen nicht für Sie zutreffen, ist dieses Schreiben für Sie gegenstandslos.

Für Wertpapierbesitzer der Gesellschaft, die diese Bedingungen erfüllen, besteht die Möglichkeit, Ansprüche gegen die Gesellschaft geltend zu machen. Unterlagen sind erhältlich bei:

In re Akorn, Inc. Data Integrity Securities Litigation
c/o JND Legal Administration
PO Box 91207 Seattle, WA 98111-9307
Tel: 1 (844) 961-0314
E-Mail: [info\(a\)Akorn2019SecuritiesSettlement.com](mailto:info(a)Akorn2019SecuritiesSettlement.com)
Website: www.Akorn2019SecuritiesSettlement.com

Proofs of Claim müssen bis spätestens 24.01.2020 eingereicht werden.

Bei den hier übermittelten Informationen handelt es sich um solche, die wir im Rahmen der allgemeinen Informationspflichten gemäß unseren AGB, Teil B, XIV, Ziffer 16 der "Sonderbedingungen für den Handel in Finanzinstrumenten" an Sie weitergeben. Richtigkeit und Vollständigkeit der Informationen werden von uns nicht geprüft. Unser Haus haftet als Kommissionärin nicht für die Höhe oder die Erfüllung des Angebotes.

Für Rückfragen wenden Sie sich bitte direkt an die im Anschreiben angegebenen Kontaktdaten.

Mit freundlichen Grüßen
Custody Services

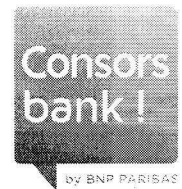
Diese maschinell erstellte Mitteilung wird nicht unterschrieben.

Dr. Andreas Pesel
Rosenweg 7
D-29525 Uelzen
Mail: andreas.pesel@web.de

Consorsbank ist eine eingetragene Marke der BNP Paribas S.A. Niederlassung Deutschland (AG nach franz. Recht).

Standort Nürnberg: Bahnhofstraße 55, 90402 Nürnberg, HRB Nürnberg 31129, USt-IdNr. DE191528929
Fon +49 (0) 911 / 369-30 00, Fax +49 (0) 911 / 369-10 00, info@consorsbank.de, www.consorsbank.de

Sitz der BNP Paribas S.A.: 16, boulevard des Italiens, 75009 Paris, Frankreich, Registergericht: R.C.S. Paris 662 042 449
Président du Conseil d'Administration (Präsident des Verwaltungsrates): Jean Lemierre, Directeur Général (Generaldirektor): Jean-Laurent Bonnafé



Consorsbank • 90318 Nürnberg

Andreas Pesel
Dietrich-Bonhoeffer-Str. 55
61350 Bad Homburg

Depotnummer 0988790322
1003381701/00
Depotinhaber Pesel
Andreas
Vermerk der Bank 4000
02

ORDERABRECHNUNG

KAUF AM 08.01.2019 UM 19:03:10 INL.AUSSERBOERSLICH NR. 137613460.001

| Bezeichnung | WKN | ISIN |
|-------------------------|--------|--------------|
| AKORN INC. | 888920 | US0097281069 |
| Einheit Umsatz | | |
| ST 1.500,00000 | | |
| Kurs 3,524000 EUR P.ST. | | |
| Kurswert | EUR | 5.286,00 |
| Provision | EUR | 13,22 |
| Grundgebühr | EUR | 4,95 |
| Wert 10.01.2019 | EUR | 5.304,17 |

zulasten Konto-Nr. 0980790320
Bestand zugunsten Wertpapierrechnung USA/Kanada
CBL 62126
Limitkurs 3,524000 EUR
Beratungsfreies Geschäft

EUR (USD) = 1,1457 08 JANUARY 2019
=> 4,03745 USD per share
=> Total : 6056,17 USD

Dr. Andreas Pesel
Rosenweg 7
D-29525 Uelzen
Mail: andreas.pesel@web.de

Hinweis für Orderabrechnungen und Depotbuchungsanzeigen:

Einwendungen wegen Unrichtigkeit oder Unvollständigkeit dieser Mitteilung müssen unverzüglich erhoben werden, vgl. Nummer B. Ziffer I. 11 (4) und (5) der Allgemeinen Geschäftsbedingungen (AGB Banken).

Machen Sie Ihre Einwendungen in Textform geltend, genügt die Absendung innerhalb der Sechs-Wochen-Frist an die Consorsbank oder per Fax oder Mail an die unten angegebenen Adressen. Das Unterlassen rechtzeitiger Einwendungen gilt als Genehmigung.

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