

AbbVie Securities Litigation
Claims Administrator
c/o Epiq
P.O. Box 4087
Portland, OR 97208-4087
www.AbbVieSettlement.com

CLAIM FORM

To be potentially eligible to receive a share of the Net Settlement Fund in connection with the Settlement of this Action, you must complete and sign this Claim Form. **This Claim Form must be postmarked no later than December 4, 2019.**

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.

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

<u>TABLE OF CONTENTS</u>	<u>PAGE #</u>
GENERAL INSTRUCTIONS	1
PART I – CLAIMANT INFORMATION	3
PART II – TRANSACTIONS IN SHIRE ADS	4
PART III – TRANSACTIONS IN SHIRE CALL OPTIONS	5
PART IV – TRANSACTIONS IN SHIRE PUT OPTIONS	7
PART V – SUBMISSION TO JURISDICTION OF COURT AND ACKNOWLEDGEMENTS	9
PART VI – RELEASE	9–10

GENERAL INSTRUCTIONS

To recover as a Class Member based on your claims in the Action entitled *Rubinstein v. Gonzalez*, No. 14-cv-9465 (the “Action”),¹ you must complete and, on page 10 hereof, sign this Claim Form. If you fail to file a properly addressed (as set forth below) Claim Form, your claim may be rejected, and you may be precluded from any recovery from the Net Settlement Fund created in connection with the proposed Settlement. Submission of this Claim Form, however, does not assure that you will share in the proceeds of the Settlement of the Lawsuit. **YOU MUST MAIL YOUR COMPLETED AND SIGNED CLAIM FORM, ACCOMPANIED BY COPIES OF THE DOCUMENTS REQUESTED HEREIN, ON OR BEFORE DECEMBER 4, 2019, ADDRESSED AS FOLLOWS:**

AbbVie Securities Litigation
Claims Administrator
c/o Epiq
P.O. Box 4087
Portland, OR 97208-4087

If you are NOT a Class Member, as defined in the Notice of Proposed Settlement of Class Action, Settlement Hearing, and Right to Appear (“Notice”), DO NOT submit a Claim Form. If you are a Class Member and you did not timely request exclusion, you are bound by the terms of any judgment entered in the Action, including the releases provided therein, **WHETHER OR NOT YOU SUBMIT A CLAIM FORM.**

¹ This Claim Form incorporates by reference the definitions in the Stipulation of Settlement dated May 31, 2019 (“Stipulation”), which can be obtained at www.AbbVieSettlement.com.

CLAIMANT IDENTIFICATION

If you acquired Shire American Depository Shares (“ADS”) or purchased call options or sold put options of Shire (collectively, “Shire Securities”) between September 29, 2014, and October 14, 2014, inclusive, and held the certificate(s) in your name, you are the beneficial purchaser as well as the record purchaser. If, however, the certificate(s) was registered in the name of a third party, such as a nominee or brokerage firm, you are the beneficial purchaser, and the third party is the record purchaser.

Use Part I of this form entitled “Claimant Information” to identify each purchaser of record (“nominee”), if different from the beneficial purchaser of Shire Securities, which forms the basis of this claim. **THIS CLAIM MUST BE FILED BY THE ACTUAL BENEFICIAL PURCHASER(S) OR ACQUIRER(S), OR THE LEGAL REPRESENTATIVE OF SUCH PURCHASER(S) OR ACQUIRER(S), OF SHIRE SECURITIES UPON WHICH THIS CLAIM IS BASED.**

All joint purchasers or acquirers must sign this claim. Executors, administrators, guardians, conservators, and trustees must complete and sign this claim on behalf of persons represented by them, and their authority must accompany this claim, and their titles or capacities must be stated. The Social Security (or taxpayer identification) number and telephone number of the beneficial owner may be used in verifying the claim. Failure to provide the foregoing information could delay verification of your claim or result in rejection of the claim.

CLAIM FORM

Use Part II of this form to supply all required details of your transaction(s). If you need more space or additional schedules, attach separate sheets giving all the required information in substantially the same form. Sign and print or type your name on each additional sheet.

On the schedules, provide all the requested information with respect to all your purchases, acquisitions, and sales of Shire Securities that took place between September 29, 2014, and October 14, 2014, inclusive, whether such transactions resulted in a profit or a loss. You must also provide all the requested information with respect to all the Shire Securities you held at the close of trading on October 14, 2014. Failure to report all such transactions may result in the rejection of your claim.

List each transaction separately and in chronological order, by trade date, beginning with the earliest. You must accurately provide the month, day, and year of each transaction you list.

The date of covering a “short sale” is deemed to be the date of purchase of the Shire Security. The date of a “short sale” is deemed to be the date of sale of the Shire Security.

COPIES OF BROKER CONFIRMATIONS OR OTHER DOCUMENTATION OF YOUR TRANSACTIONS IN SHIRE SECURITIES SHOULD BE ATTACHED TO YOUR CLAIM. FAILURE TO PROVIDE THIS DOCUMENTATION COULD DELAY VERIFICATION OF YOUR CLAIM OR RESULT IN REJECTION OF YOUR CLAIM.

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.AbbVieSettlement.com or you may email the Claims Administrator’s electronic filing department at info@AbbVieSettlement.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. **Do not assume that your file has been received until you receive this email.**

PART I – CLAIMANT INFORMATION

Beneficial Owner's First Name	MI	Beneficial Owner's Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Co-Beneficial Owner's First Name	MI	Co-Beneficial Owner's Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

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/Province	ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>

Foreign Country

Day Phone	Evening Phone
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>

Email Address

Account Number

- 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.)
<input type="text"/> - <input type="text"/> - <input type="text"/>		<input type="text"/> - <input type="text"/>

PART II – TRANSACTIONS IN SHIRE ADS

Beginning Holdings:

A. State the total number of Shire ADS owned at the close of trading on September 26, 2014, long or short (*must be documented*).

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Purchases:

B. Separately list each and every purchase of Shire ADS during the period between September 29, 2014, and October 14, 2014, inclusive, and provide the following information (*must be documented*).

Trade Date (List Chronologically) (MMDDYY)	Number of ADS Purchased	Price	Total Cost (Excluding Commissions, Taxes, and Fees)	Transaction Type (P/R)*

*P – Purchase, R – Received (Transfer-In)

Sales:

C. Separately list each and every sale of Shire ADS during the period between September 29, 2014, and October 14, 2014, inclusive, and provide the following information (*must be documented*).

Trade Date (List Chronologically) (MMDDYY)	Number of ADS Sold	Price	Amount Received (Excluding Commissions, Taxes, and Fees)	Transaction Type (S/D)*

*S – Sale, D – Delivery (Transfer-Out)

Ending Holdings:

D. State the total number of Shire ADS owned at the close of trading on October 14, 2014, long or short (*must be documented*).

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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.

PART III – TRANSACTIONS IN SHIRE CALL OPTIONS

1. HOLDINGS AS OF SEPTEMBER 26, 2014 – State the total number of call options of Shire ADS held as of the close of trading on September 26, 2014. (Must be documented.) If none, write “zero” or “0.”

**IF NONE, CHECK
HERE**

Strike Price of Call Option Contract	Expiration Date of Call Option Contract (MMDDYY)	Number of Call Option Contracts in Which You Had an Open Interest	Insert an “E” if Exercised	Insert an “X” if Expired	Insert an “X” if Short
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2. PURCHASES/ACQUISITIONS BETWEEN SEPTEMBER 29, 2014, AND OCTOBER 14, 2014 – Separately list each and every purchase/acquisition (including free receipts) of call options of Shire ADS during the period between September 29, 2014, and October 14, 2014, inclusive, and provide the following information (*must be documented*).

Date of Purchase (List Chronologically) (MMDDYY)	Strike Price of Call Option Contract	Expiration Date of Call Option Contract (MMDDYY)	Number of Call Option Contracts Purchased	Purchase Price Per Call Option Contract	Total Purchase Price (excluding taxes, commissions, and fees)	Insert an “E” if Exercised	Insert an “X” if Expired	Exercise Date (MMDDYY)
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3. SALES BETWEEN SEPTEMBER 29, 2014, AND OCTOBER 14, 2014 – Separately list each and every sale/disposition (including free deliveries) of call options of Shire ADS during the period between September 29, 2014, and October 14, 2014, inclusive, and provide the following information *(must be documented)*.

IF NONE, CHECK HERE

Date of Sale (List Chronologically) (MMDDYY)	Strike Price of Call Option Contract	Expiration Date of Call Option Contract (MMDDYY)	Number of Call Option Contracts Sold	Sale Price Per Call Option Contract	Total Sale Price (excluding taxes, commissions, and fees)
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4. HOLDINGS AS OF OCTOBER 14, 2014 – State the total number of call options of Shire ADS held open as of the close of trading on October 14, 2014. (Must be documented.) If none, write “zero” or “0.”

IF NONE, CHECK HERE

Strike Price of Call Option Contract	Expiration Date of Call Option Contract (MMDDYY)	Number of Call Option Contracts in Which You Had an Open Interest	Insert an “X” if Short
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[][][] [][]	[][][] [][][]	[][][] [][][]	[][]
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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.

PART IV – TRANSACTIONS IN SHIRE PUT OPTIONS

1. HOLDINGS AS OF SEPTEMBER 26, 2014 – State the total number of put options of Shire ADS held as of the close of trading on September 26, 2014. (Must be documented.) If none, write “zero” or “0.”

IF NONE, CHECK HERE

Strike Price of Put Option Contract	Expiration Date of Put Option Contract (MMDDYY)	Number of Put Option Contracts in Which You Had an Open Interest	Insert an “E” if Exercised	Insert an “X” if Short
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2. SALES BETWEEN SEPTEMBER 29, 2014, AND OCTOBER 14, 2014 – Separately list each and every sale (including free deliveries) of put options of Shire ADS during the period between September 29, 2014, and October 14, 2014, inclusive, and provide the following information (*must be documented*).

Date of Sale (Writing) (List Chronologically) (MMDDYY)	Strike Price of Put Option Contract	Expiration Date of Put Option Contract (MMDDYY)	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 (MMDDYY)
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3. PURCHASES BETWEEN SEPTEMBER 29, 2014, AND OCTOBER 14, 2014 – Separately list each and every purchase (including free receipts) of put options of Shire ADS during the period between September 29, 2014, and October 14, 2014, inclusive, and provide the following information (*must be documented*).

IF NONE, CHECK HERE

Date of Purchase (List Chronologically) (MMDDYY)	Strike Price of Put Option Contract	Expiration Date of Put Option Contract (MMDDYY)	Number of Put Option Contracts Purchased	Purchase Price Per Put Option Contract	Total Purchase Price (excluding taxes, commissions, and fees)
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4. HOLDINGS AS OF OCTOBER 14, 2014 – State the total number of put options of Shire ADS held open as of the close of trading on October 14, 2014. (Must be documented.) If none, write “zero” or “0.”

IF NONE, CHECK HERE

Strike Price of Put Option Contract	Expiration Date of Put Option Contract (MMDDYY)	Number of Put Option Contracts in Which You Had an Open Interest	Insert an “X” if Short
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>
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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.

PART V – SUBMISSION TO JURISDICTION OF COURT AND ACKNOWLEDGMENTS

I (We) submit this Claim Form under the terms of the Stipulation described in the Notice. I (We) also submit to the jurisdiction of the Court, with respect to my (our) claim as a Class Member and for purposes of enforcing the release set forth herein. I (We) further acknowledge that I am (we are) bound by and subject to the terms of any judgment that may be entered in the Action. I (We) agree to furnish additional information to the Claims Administrator to support this claim if requested to do so. I (We) have not submitted any other claim covering the same purchases, acquisitions, or sales of Shire Securities during the relevant period and know of no other person having done so on my (our) behalf.

PART VI – RELEASE

1. I (We) hereby acknowledge full and complete satisfaction of, and do hereby fully, finally, and forever settle, release, and discharge, any and all of the Released Defendants' Claims from all Released Claims.

2. "Released Claims" means any and all claims and causes of action of every nature and description whatsoever, including both known claims and Unknown Claims, whether arising under federal, state, common, statutory, administrative, or foreign law, or any other law, rule, or regulation, at law or in equity, whether class or individual in nature, that Plaintiff or any other Class Member asserted in the Litigation or could have asserted in any forum that arise out of or are based upon or related in any way to (a) the acquisition or disposition of Shire publicly traded ADS or options during the Class Period, or (b) the allegations, transactions, acts, facts, matters, occurrences, representations, statements, or omissions involved, set forth, or referred to in the Litigation. "Released Claims" includes "Unknown Claims" as defined below.

3. "Released Defendants' Claims" means any and all claims and causes of action of every nature and description whatsoever, including both known claims and Unknown Claims, whether arising under federal, state, local, common, statutory, administrative, or foreign law, or any other law, rule, or regulation, at law or in equity, that arise out of or relate in any way to the institution, prosecution, or settlement of the claims in the Litigation, except for claims relating to the enforcement of the Settlement.

4. "Unknown Claims" means (a) any and all Released Claims that Plaintiff, Lead Counsel, or any Class Member does not know or suspect to exist in his, her, or its favor at the time of the release of the Released Persons, which, if known by him, her, or it, might have affected his, her, or its settlement with and release of the Released Persons, or might have affected his, her, or its decision(s) with respect to the Settlement, including, but not limited to, whether or not to object to this Settlement or seek exclusion from the Class; and (b) any and all Released Defendants' Claims that the Released Persons do not know or suspect to exist in his, her, or its favor at the time of the release of the Plaintiff, Lead Counsel, or any Class Members, which, if known by him, her, or it, might have affected his, her, or its settlement and release of Plaintiff, Lead Counsel, or Class Members. With respect to any and all Released Claims and Released Defendants' Claims, the Settling Parties stipulate and agree that, upon the Effective Date, the Settling Parties shall expressly waive and each of the Settling Parties shall be deemed to have, and by operation of the Judgment shall have, expressly waived the provisions, rights, and benefits of California Civil Code § 1542, which provides:

A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS THAT THE CREDITOR OR RELEASING PARTY DOES NOT KNOW OR SUSPECT TO EXIST IN HIS OR HER FAVOR AT THE TIME OF EXECUTING THE RELEASE AND THAT, IF KNOWN BY HIM OR HER, WOULD HAVE MATERIALLY AFFECTED HIS OR HER SETTLEMENT WITH THE DEBTOR OR RELEASED PARTY.

The Settling Parties shall expressly waive and each of the Class Members shall be deemed to have, and by operation of the Judgment 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 principle of common law, which is similar, comparable, or equivalent to California Civil Code § 1542. The Settling Parties acknowledge that they may hereafter discover facts in addition to or different from those that he, she, it, or their counsel now knows or believes to be true with respect to the subject matter of the Released Claims or Released Defendants' Claims, but the Settling Parties shall expressly settle and release, and each Class Member, upon the Effective Date, shall be deemed to have, and by operation of the Judgment shall have, fully, finally, and forever settled and released any and all Released Claims and Released Defendants' Claims, known or unknown, suspected or unsuspected, contingent or noncontingent, whether or not concealed or hidden, which now exist, or heretofore have existed, upon any theory of law or equity now existing or coming into existence in the future, including, but not limited to, conduct that is negligent, intentional, with or without malice, or a breach of any duty, law, or rule, without regard to the subsequent discovery or existence of such different or additional facts. The Settling Parties acknowledge, and the Class Members shall be deemed by operation of the Judgment to have acknowledged, that the foregoing waiver was separately bargained for and is a key element of the Settlement of which this release is a part.

5. I (We) hereby warrant and represent that I (we) have not assigned or transferred or purported to assign or transfer, voluntarily or involuntarily, any matter released pursuant to this release or any other part or portion thereof.

6. I (We) hereby warrant and represent that I (we) have included information about all my (our) transactions in Shire Securities that occurred during the relevant period as well as the number of Shire Securities held by me (us) at the close of trading on October 14, 2014.

UNDER THE PENALTIES OF PERJURY, I (WE) CERTIFY THAT ALL THE INFORMATION I (WE) PROVIDED ON THIS CLAIM 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)

Date:

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MM DD YYYY

(Signature)

Date:

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MM DD YYYY

(capacity of person[s] signing, e.g., beneficial purchaser[s], executor, administrator, or trustee) (See page 2 for instructions.)

THIS CLAIM FORM MUST BE SUBMITTED NO LATER THAN DECEMBER 4, 2019, AND MUST BE MAILED TO:

AbbVie Securities Litigation
Claims Administrator
c/o Epiq
P.O. Box 4087
Portland, OR 97208-4087

A Claim Form received by the Claims Administrator shall be deemed to have been submitted when posted, if mailed by **December 4, 2019**, 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 Claim Form shall be deemed to have been submitted when actually received by the Claims Administrator.

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.