

Must be Postmarked  
No Later Than  
February 18, 2012

In re: Medicis Pharmaceutical Corporation Securities Litigation  
c/o GCG  
P.O. Box 9803  
Dublin, Ohio 43017-5703  
1-888-624-6710

MPC



Claim Number:

Control Number:

## **PROOF OF CLAIM AND RELEASE FORM**

**YOU MUST COMPLETE THIS PROOF OF CLAIM FORM  
AND IT MUST BE POSTMARKED NO LATER THAN FEBRUARY 18, 2012**

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**NOTE: IMPORTANT ADDITIONAL INFORMATION REGARDING THE SETTLEMENT AND THIS PROOF OF CLAIM IS CONTAINED IN THE ACCOMPANYING NOTICE. PLEASE REFER TO THE PLAN OF ALLOCATION SET FORTH IN THE ACCOMPANYING NOTICE FOR A DETAILED EXPLANATION OF HOW A CLAIMANT'S RECOGNIZED LOSS WILL BE CALCULATED.**

**QUESTIONS? PLEASE CALL 1-888-624-6710 OR VISIT [WWW.GCGINC.COM](http://WWW.GCGINC.COM)**



**PART I - CLAIMANT IDENTIFICATION**

**Claimant Name(s)** (as you would like the name(s) to appear on the check, if eligible for payment):

**Account Number:** (not required)

**Last 4 digits of Claimant Social Security Number/Taxpayer ID Number:**

**Name of the Person you would like the Claims Administrator to Contact Regarding This Claim** (if different from the Claimant Name(s) listed above):

**Claimant or Representative Contact Information:**

The Claims Administrator will use this information for all communications relevant to this Claim (including the check, if eligible for payment). If this information changes, you **MUST** notify the Claims Administrator in writing at the address above.

**Street Address:**



**City:**

**State and Zip Code:**

**Country (Other than U.S.):**

**Daytime Telephone Number:** (     )     -    

**Evening Telephone Number:** (     )     -    

**Email Address:**

*(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.)*

**NOTICE REGARDING ELECTRONIC FILES:** Certain claimants with large numbers of transactions may request to, 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 website at [www.gcginc.com](http://www.gcginc.com) or you may e-mail the Claims Administrator at [eClaim@gcginc.com](mailto:eClaim@gcginc.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 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 [eClaim@gcginc.com](mailto:eClaim@gcginc.com) to inquire about your file and confirm it was received and acceptable.

**NOTE:** You must file a separate Proof of Claim for each differently named account or ownership, such as an individual account, an IRA account, a joint account, a custodial account, etc. Joint tenants, co-owners or custodians UGMA should file a single claim. Claimants who file one or more claims (e.g., one in Claimant's name and one for an IRA or joint ownership) must identify the other claims filed.



**PART II - SCHEDULE OF TRANSACTIONS IN MEDICIS COMMON STOCK**

**A. BEGINNING HOLDINGS:** State the total number of shares of Medicis common stock owned at the close of trading on **October 29, 2003**, (if none, enter "0"):

**B. PURCHASES:** Separately list each and every purchase of Medicis common stock during the period **October 30, 2003** through and including **September 23, 2008**, and provide the following information (must be documented):

| Trade Date<br>(list chronologically)<br>Month/Day/Year | Number of Shares<br>Purchased             | Price Per Share  | Total Amount Paid<br>(excluding commissions,<br>taxes and other fees)                    |
|--|---|--|--|
| / /  | <input style="width: 50px;" type="text"/> | \$ <input style="width: 50px;" type="text"/> . <input style="width: 20px;" type="text"/> | \$ <input style="width: 50px;" type="text"/> . <input style="width: 20px;" type="text"/> |
| / /  | <input style="width: 50px;" type="text"/> | \$ <input style="width: 50px;" type="text"/> . <input style="width: 20px;" type="text"/> | \$ <input style="width: 50px;" type="text"/> . <input style="width: 20px;" type="text"/> |
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| / /  | <input style="width: 50px;" type="text"/> | \$ <input style="width: 50px;" type="text"/> . <input style="width: 20px;" type="text"/> | \$ <input style="width: 50px;" type="text"/> . <input style="width: 20px;" type="text"/> |

**C. SALES:** Separately list each and every sale of Medicis common stock during the period **October 30, 2003** through and including **September 23, 2008** and provide the following information (must be documented):

| Trade Date<br>(list chronologically)<br>Month/Day/Year | Number of<br>Shares Sold                  | Sale Price<br>Per Share  | Total Amount Received<br>(excluding commissions,<br>taxes and other fees)                |
|--|---|--|--|
| / /  | <input style="width: 50px;" type="text"/> | \$ <input style="width: 50px;" type="text"/> . <input style="width: 20px;" type="text"/> | \$ <input style="width: 50px;" type="text"/> . <input style="width: 20px;" type="text"/> |
| / /  | <input style="width: 50px;" type="text"/> | \$ <input style="width: 50px;" type="text"/> . <input style="width: 20px;" type="text"/> | \$ <input style="width: 50px;" type="text"/> . <input style="width: 20px;" type="text"/> |
| / /  | <input style="width: 50px;" type="text"/> | \$ <input style="width: 50px;" type="text"/> . <input style="width: 20px;" type="text"/> | \$ <input style="width: 50px;" type="text"/> . <input style="width: 20px;" type="text"/> |
| / /  | <input style="width: 50px;" type="text"/> | \$ <input style="width: 50px;" type="text"/> . <input style="width: 20px;" type="text"/> | \$ <input style="width: 50px;" type="text"/> . <input style="width: 20px;" type="text"/> |

**D. UNSOLD HOLDINGS:** State the total number of shares of Medicis common stock owned at the close of trading on **September 23, 2008**, (if none, enter "0"; if other than zero, must be documented):

**IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS YOU MUST  
PHOTOCOPY THIS PAGE AND CHECK THIS BOX   
IF YOU DO NOT CHECK THIS BOX THESE ADDITIONAL PAGES WILL NOT BE REVIEWED**



**PART III - SCHEDULE OF TRANSACTIONS IN MEDICIS STOCK CALL OPTIONS**

**A. BEGINNING HOLDINGS:** State the total number of call options for Medicis common stock at the close of trading on **October 29, 2003** (if none, enter "0"):

| Date of Holding<br>(List Chronologically)<br>(Month/Day/Year) | Number of<br>Contracts | Expiration Month and Year &<br>Strike Price of Options<br>(i.e. May 2002/\$40) |
|---|------------------------|--|
| / /   |                        |  |
| / /   |                        |  |

**B. PURCHASES:** Separately list each and every purchase of call options for Medicis common stock during the period **October 30, 2003** through and including **September 23, 2008** and provide the following information (must be documented):

| Date of Purchase<br>(List Chronologically)<br>(Month/Day/Year) | Number of<br>Contracts | Expiration Month and Year &<br>Strike Price<br>of Options<br>(i.e. May 2002/\$40) | Purchase Price Per<br>Contract | Amount Paid<br>(excluding<br>commissions, taxes,<br>and fees) | Insert an "E"<br>if Exercised or<br>an "X" if<br>Expired | Exercise Date<br>(Month/Day/Year) |
|--|------------------------|---|--------------------------------|---|--|-----------------------------------|
| / /  |                        |   | \$                             | \$  |  | / /                               |
| / /  |                        |   | \$                             | \$  |  | / /                               |

**C. SALES:** Separately list each and every sale of Medicis call options for Medicis common stock during the period **October 30, 2003** through and including **September 23, 2008** and provide the following information (must be documented):

| Date of Sale<br>(List Chronologically)<br>(Month/Day/Year) | Number of<br>Contracts | Expiration Month and Year &<br>Strike Price of Options<br>(i.e. May 2002/\$40) | Sale Price<br>Per Contract | Amount Received<br>(excluding commissions,<br>taxes, and fees) |
|--|------------------------|--|----------------------------|--|
| / /  |                        |  | \$                         | \$   |
| / /  |                        |  | \$                         | \$   |

**D. UNSOLD HOLDINGS:** State the total number of unexpired call options for Medicis common stock owned at the close of trading on **September 23, 2008**, (if none, enter "0"; if other than zero, must be documented):

| Date of Holding<br>(List Chronologically)<br>(Month/Day/Year) | Number of<br>Contracts | Expiration Month and Year &<br>Strike Price of Options<br>(i.e. May 2002/\$40) |
|---|------------------------|--|
| / /   |                        |  |
| / /   |                        |  |

**IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS YOU MUST PHOTOCOPY THIS PAGE AND CHECK THIS BOX  IF YOU DO NOT CHECK THIS BOX THESE ADDITIONAL PAGES WILL NOT BE REVIEWED**



**PART IV - SCHEDULE OF TRANSACTIONS IN MEDICIS STOCK PUT OPTIONS**

**A. BEGINNING HOLDINGS:** State the total number of put option obligations for Medicis common stock at the close of trading on **October 29, 2003** (if none, enter "0"):

| Date of Holding<br>(List Chronologically)<br>(Month/Day/Year) | Number of<br>Contracts | Expiration Month and Year &<br>Strike Price of Options<br>(i.e. May 2002/\$40) |
|---|------------------------|--|
| / /   |                        |  |
| / /   |                        |  |

**B. SALES (WRITINGS):** Separately list each and every obligation of put options for Medicis common stock during the period **October 30, 2003** through and including **September 23, 2008** and provide the following information (must be documented):

| Date of Sale<br>(List Chronologically)<br>(Month/Day/Year) | Number of<br>Contracts | Expiration Month and<br>Year & Strike Price<br>of Options<br>(i.e. May 2002/\$40) | Sale Price<br>Per Contract | Exercise Date<br>(Month/Day/Year) | Insert an "A"<br>if Assigned or<br>an "X" if<br>Expired | Amount Received<br>(excluding commissions,<br>taxes, and fees) |
|--|------------------------|---|----------------------------|-----------------------------------|---|--|
| / /  |                        |   | \$ .                       | / /                               |   | \$ .   |
| / /  |                        |   | \$ .                       | / /                               |   | \$ .   |

**C. COVERING TRANSACTIONS (REPURCHASES):** Separately list each and every purchase of put options for Medicis common stock during the period **October 30, 2003** through and including **September 23, 2008** and provide the following information (must be documented):

| Date of Purchase<br>(List Chronologically)<br>(Month/Day/Year) | Number of<br>Contracts | Expiration Month and Year &<br>Strike Price of Options<br>(i.e. May 2002/\$40) | Purchase Price Per<br>Contract | Amount Paid<br>(excluding commissions,<br>taxes, and fees) |
|--|------------------------|--|--------------------------------|--|
| / /  |                        |  | \$ .                           | \$ .   |
| / /  |                        |  | \$ .                           | \$ .   |

**D. OPEN PUT OBLIGATIONS:** State the total number of unexpired put options for Medicis common stock at the close of trading on **September 23, 2008**, (if none, enter "0"; if other than zero, must be documented):

| Date of Holding<br>(List Chronologically)<br>(Month/Day/Year) | Number of<br>Contracts | Expiration Month and Year &<br>Strike Price of Options<br>(i.e. May 2002/\$40) |
|---|------------------------|--|
| / /   |                        |  |
| / /   |                        |  |

**IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS YOU MUST PHOTOCOPY THIS PAGE AND CHECK THIS BOX  IF YOU DO NOT CHECK THIS BOX THESE ADDITIONAL PAGES WILL NOT BE REVIEWED**



## PART V - SUBMISSION TO JURISDICTION OF THE COURT

By submitting this Proof of Claim Form and Release, I/we, and every Class member I/we represent, submit to the jurisdiction of the United States District Court for the District of Arizona for purposes of this Action and the Settlement of the Action, as reflected in the Stipulation of Settlement (the "Settlement"). I/We further agree to be bound by the orders of the Court, agree that this Proof of Claim Form, my/our status or the status of the Class member I/we represent as a Claimant and the allowable amount of this claim will be subject to review and further inquiry, and that I/we will furnish such additional documentation with respect to this Proof of Claim as may be required.

## PART VI - RELEASE

By signing this Proof of Claim Form and Release, and in consideration of the establishment of the Settlement Fund, as of the Effective Date thereof, the undersigned claimant ("Claimant"), on behalf of Claimant and Claimant's predecessors, successors, parents, subsidiaries, affiliates, custodians, agents, assigns, representatives, heirs, executors, trustees, and administrators, hereby releases and forever discharges Defendants Medicis Pharmaceutical Corporation, Jonah Shacknai, Richard D. Peterson, Mark A. Prygocki, and Ernst & Young LLP and, whether or not identified in any complaint filed in the Action, each Defendant's past or present directors, officers, employees, partners, member firms or affiliates, principals, agents, predecessors, successors, parents, subsidiaries, divisions, joint ventures, attorneys, accountants, insurers, reinsurers, assigns, spouses, heirs, associates, related or affiliated entities, or any members of their immediate families, or any trusts for which any of them are trustees, settlers or beneficiaries (the "Released Parties"), for all claims (including "Unknown Claims" as defined below), rights, demands, suits, matters, issues, or causes of action under federal, state, local, foreign law, or any other law, rule, or regulation, whether known or unknown, that were, could have been, or could in the future be asserted against the Released Parties by Plaintiffs in any court of competent jurisdiction or any other adjudicatory tribunal, in connection with, arising out of, related to, based upon, in whole or in part, directly or indirectly, in any way, to the facts, transactions, events, occurrences, acts, disclosures, oral or written statements, representations, filings, publications, disseminations, press releases, presentations, accounting practices or procedures, compensation practices or procedures, omissions or failures to act which were alleged or described in this Class Action by Plaintiffs, whether based on federal, state, local, foreign, statutory, common law, or any other law, rule, or regulation, whether fixed or contingent, accrued or un-accrued, liquidated or un-liquidated, at law or in equity, matured or un-matured, including both known claims and Unknown Claims that were or that could have been alleged in the Consolidated Amended Complaint in this Action.

"Unknown Claims" shall collectively mean all claims, demands, rights, liabilities, and causes of action of every nature and description which 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 Parties which, if known by him, her or it, might have affected his, her or its settlement with and release of the Released Parties, or might have affected his, her or its decision not to object to this Settlement. With respect to any and all Released Plaintiffs' Claims, the Parties stipulate and agree that, upon the Effective Date, Lead Plaintiff shall expressly waive, and each of the Class Members shall be deemed to have waived, and by operation of the Judgment and Order of Dismissal With Prejudice shall have 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;

and each of the Class Members shall be deemed to have, and by operation of the Judgment and Order of Dismissal With Prejudice 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. Lead Plaintiff and Class members may hereafter discover facts in addition to or different from those which he, she or it now knows or believes to be true with respect to the subject matter of the Released Plaintiffs' Claims, but Lead Plaintiff shall expressly, fully, finally and forever settle and release, and each Class Member, upon the Effective Date, shall be deemed to have, and by operation of the Judgment and Order of Dismissal With Prejudice shall have, fully, finally, and forever settled and released, any and all Released Plaintiffs' Claims, known or unknown, suspected or unsuspected, contingent or non-contingent, 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 **which 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. Lead Plaintiff acknowledges, and the Class Members shall be deemed by operation of the Judgment and Order of Dismissal with Prejudice to have acknowledged, that the foregoing waiver was separately bargained for and a key element of the Settlement of which this release is a part.



**PART VII - REPRESENTATIONS**

I/We acknowledge that I/we have read the Notice of Proposed Settlement of Class, and that pursuant thereto I/we file this claim to participate in the Settlement.

I/We hereby warrant and represent that neither I/we, nor any person I/we represent, is a Defendant (as defined in the Notice) with respect to any of the claims asserted in the Litigation, a member of the immediate family of any of the Individual Defendants, or a person or entity who has requested exclusion from the Class.

I/We hereby warrant and represent that I am/we are authorized to execute and deliver this Proof of Claim Form and Release.

**PART VIII - CERTIFICATION & SIGNATURE**

I/We certify that I am/we are not subject to backup withholding. (If you have been notified by the IRS that you are subject to backup withholding, strike out the previous sentence.)

I/We declare and affirm under penalties of perjury that the foregoing information and the documents attached hereto, including the Social Security or Taxpayer Identification Number shown on this Proof of Claim, are true, correct and complete to the best of my/our knowledge, information and belief, and that this Proof of Claim was executed this

\_\_\_\_\_ day of \_\_\_\_\_ in \_\_\_\_\_  
(Month/Year) (City) (State/Country)

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Signature of Joint Claimant, if any

\_\_\_\_\_  
(Print your name here)

\_\_\_\_\_  
(Print your name here)

\_\_\_\_\_  
Signature of person signing on behalf of Claimant

\_\_\_\_\_  
(Print your name here)

\_\_\_\_\_  
Capacity of person signing on behalf of Claimant, if other than an individual, (e.g., Executor, President, Custodian, etc.)



### REMINDER CHECKLIST

1. Please sign the Certification & Signature section of the Proof of Claim form.
2. If this claim is made on behalf of joint claimants, then both must sign.
3. For an overview of what constitutes adequate supporting documentation, please visit [www.gcginc.com](http://www.gcginc.com)
4. DO NOT SEND ORIGINALS OF ANY SUPPORTING DOCUMENTS.
5. Keep a copy of your Proof of Claim form and all documentation submitted for your records.
6. 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 acknowledgment postcard. If you do not receive an acknowledgment postcard within 60 days, please call the Claims Administrator toll free at **1-888-624-6710**, or if outside the U.S., **1-614-553-1248**.
7. If you move, please send your new address to:

**In re: Medicis Pharmaceutical Corporation Securities Litigation**  
**c/o GCG**  
**P.O. Box 9803**  
**Dublin, Ohio 43017-5703**

8. **Do not use highlighter on the Proof of Claim form or supporting documentation.**