

AVEO Securities Litigation
c/o Epiq
Settlement Administrator
P.O. Box 5110
Portland, OR 97208-5110

Website: www.AVEOSecuritiesLitigation.com
Email: info@AVEOSecuritiesLitigation.com
Phone: (855) 367-5403

PROOF OF CLAIM AND RELEASE

Deadline for Submission: May 29, 2018

IF YOU PURCHASED THE COMMON STOCK OF AVEO PHARMACEUTICALS, INC. (“AVEO”) BETWEEN MAY 16, 2012 AND MAY 1, 2013, DATES INCLUSIVE (THE “CLASS PERIOD”), AND ARE NOT EXCLUDED, YOU ARE A “CLASS MEMBER” AND YOU MAY BE ENTITLED TO SHARE IN THE SETTLEMENT PROCEEDS. (EXCLUDED FROM THE CLASS ARE (1) DEFENDANTS AND THEIR IMMEDIATE FAMILIES, (2) ANY ENTITY IN WHICH DEFENDANTS HAVE OR HAD A CONTROLLING INTEREST, (3) CURRENT AND FORMER OFFICERS, DIRECTORS AND EMPLOYEES OF AVEO, AND (4) THE LEGAL REPRESENTATIVES, HEIRS, SUCCESSORS, OR ASSIGNS OF ANY EXCLUDED PARTY.)

IF YOU ARE A CLASS MEMBER, YOU MUST COMPLETE AND SUBMIT THIS PROOF OF CLAIM AND RELEASE (“PROOF OF CLAIM”) TO BE ELIGIBLE FOR ANY SETTLEMENT BENEFITS. SEND YOUR COMPLETED, SIGNED PROOF OF CLAIM BY FIRST-CLASS MAIL, POSTMARKED ON OR BEFORE **MAY 29, 2018** TO THE SETTLEMENT ADMINISTRATOR, AT THE FOLLOWING ADDRESS:

AVEO Securities Litigation
c/o Epiq
Settlement Administrator
P.O. Box 5110
Portland, OR 97208-5110

YOUR FAILURE TO SUBMIT YOUR CLAIM BY MAY 29, 2018 WILL SUBJECT YOUR CLAIM TO REJECTION AND PRECLUDE YOU FROM RECEIVING ANY MONEY FROM THE SETTLEMENT OF THIS ACTION. 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 SETTLEMENT ADMINISTRATOR.

CLAIMANT’S STATEMENT

1. I (we) purchased AVEO common stock and was (were) damaged thereby. (Do not submit this Proof of Claim if you did not purchase AVEO common stock during the designated Class Period.)
2. By submitting this Proof of Claim, I (we) state that I (we) believe in good faith that I am (we are) a Class Member as defined above and in the Notice of Pendency and Settlement of Class Action (the “Notice”), or am (are) acting for such person(s); that I am (we are) not a Defendant in the Actions or anyone excluded from the Class; that I (we) have read and understand the Notice; that I (we) believe that I am (we are) entitled to receive a share of the Net Settlement Fund, as defined in the Notice; that I (we) elect to participate in the proposed Settlement described in the Notice; and that I (we) have not filed a request for exclusion. (If you are acting in a representative capacity on behalf of a Class Member [e.g., as an executor, administrator, trustee, or other representative], you must submit evidence of your current authority to act on behalf of that Class Member. Such evidence would include, for example, letters testamentary, letters of administration, or a copy of the trust documents.)
3. I (we) consent to the jurisdiction of the Court with respect to all questions concerning the validity of this Proof of Claim. I (we) understand and agree that my (our) 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 (our) status as a Class Member(s) and the validity and amount of my (our) claim. No discovery shall be allowed on the merits of the Litigation or Settlement in connection with processing of the Proof of Claim.
4. I (we) have set forth where requested below all relevant information with respect to each purchase of AVEO common stock during the Class Period, and each sale, if any, of such securities. I (we) agree to furnish additional information to the Settlement Administrator to support this claim if requested to do so.

5. I (we) have enclosed photocopies of the stockbroker's confirmation slips, stockbroker's statements, or other documents evidencing each purchase and sale or retention of AVEO common stock listed below in support of my (our) 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.)
6. I (we) understand that the information contained in this Proof of Claim is subject to such verification as the Settlement Administrator may request or as the Court may direct, and I (we) agree to cooperate in any such verification. (The information requested herein is designed to provide the minimum amount of information necessary to process most simple claims. The Settlement Administrator may request additional information as required to efficiently and reliably calculate your recognized claim. In some cases, the Settlement Administrator may condition acceptance of the claim based upon the production of additional information, including, where applicable, information concerning transactions in any derivatives securities such as options.)
7. Upon the occurrence of the Court's approval of the Settlement, as detailed in the Notice, I (we) agree and acknowledge that my (our) signature(s) hereto shall effect and constitute a full and complete release, remise and discharge by me (us) and my (our) heirs, joint tenants, tenants in common, beneficiaries, executors, administrators, predecessors, successors, attorneys, insurers and assigns (or, if I am (we are) submitting this Proof of Claim on behalf of a corporation, a partnership, estate or one or more other persons, by it, him, her or them, and by its, his, her or their heirs, executors, administrators, predecessors, successors, and assigns) of each of the "Released Parties" of all "Released Claims," as defined in the Settlement Stipulation.
8. Upon the occurrence of the Court's approval of the Settlement, as detailed in the Notice, I (we) agree and acknowledge that my (our) signature(s) hereto shall effect and constitute a covenant by me (us) and my (our) heirs, joint tenants, tenants in common, beneficiaries, executors, administrators, predecessors, successors, attorneys, insurers and assigns (or, if I am (we are) submitting this Proof of Claim and Release Form on behalf of a corporation, a partnership, estate or one or more other persons, by it, him, her or them, and by its, his, her or their heirs, executors, administrators, predecessors, successors, and assigns) to permanently refrain from prosecuting or attempting to prosecute any Released Claims against any of the Released Parties.
9. 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. All Claimants MUST submit a manually signed paper Proof of 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 Settlement Administrator at (855) 367-5403 or visit their website at www.AVEOSecuritiesLitigation.com to obtain the required file layout. No electronic files will be considered to have been properly submitted unless the Settlement Administrator issues to the Claimant a written acknowledgment of receipt and acceptance of electronically submitted data.

I. CLAIMANT INFORMATION

Beneficial Owner's First Name

MI

Beneficial Owner's Last Name

Co-Beneficial Owner's First Name

MI

Co-Beneficial Owner's Last Name

Entity Name (if Claimant is not an individual)

Representative or Custodian Name (if different from Beneficial Owner[s] listed above)

Account Number (if filing for multiple accounts, file a separate Proof of Claim for each account)

Address 1 (street name and number)

Address 2 (apartment, unit, or box number)

City

State

ZIP Code

 -

Foreign Country (only if not U.S.)

Telephone Number (home)

 - -

Telephone Number (work)

 - -

Email Address

Claimant Account Type (check appropriate box):

Individual (includes joint owner accounts)

Pension Plan

Trust

Corporation

Estate

IRA/401(k)

Other _____ (please specify)

II. SUBSTITUTE FORM W-9

Request for Taxpayer Identification Number:

Enter taxpayer identification number below for the Beneficial Owner(s). For most individuals, this is your Social Security Number. The Internal Revenue Service ("I.R.S.") requires such taxpayer identification number. If you fail to provide this information, your claim may be rejected.

Social Security Number
(for individuals)

 - -

OR

Taxpayer Identification Number
(for estates, trusts, corporations, etc.)

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III. SCHEDULE OF TRANSACTIONS IN AVEO COMMON STOCK

Beginning Holdings:

A. State the total number of shares of AVEO common stock owned at the close of trading on May 15, 2012 long or short (*must be documented*).

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Purchases:

B. Separately list each and every open market purchase of AVEO common stock during the period from May 16, 2012 through July 30, 2013, inclusive, and provide the following information (*must be documented*):

Trade Date (List Chronologically) (Month/Day/Year)	Number of Shares Purchased	Price per Share	Total Cost (Excluding Commissions, Taxes, and Fees)	Transaction Type (P/R)*

*P=Purchase, R=Receipt (transfer in)

Sales:

C. Separately list each and every sale of AVEO common stock during the period May 16, 2012 through July 30, 2013, inclusive, and provide the following information (*must be documented*):

Trade Date (List Chronologically) (Month/Day/Year)	Number of Shares Sold	Price per Share	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 shares of AVEO common stock owned at the close of trading on July 30, 2013, 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.

IV. CERTIFICATION

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 UNDER THE LAWS OF THE UNITED STATES, I (WE) CERTIFY THAT ALL OF THE INFORMATION I (WE) PROVIDED ON THIS PROOF OF CLAIM AND RELEASE FORM IS TRUE, CORRECT AND COMPLETE.

Signature of Claimant (If this claim is being made on behalf of Joint Claimants, then each must sign):

[Empty signature box]

Signature of Claimant

[Empty name box]

Print Name of Claimant

Date [MM] [DD] - [MM] [DD] - [MM] [DD] - [YY]

[Empty signature box]

Signature of Joint Claimant, if any

[Empty name box]

Print Name of Joint Claimant

Date [MM] [DD] - [MM] [DD] - [MM] [DD] - [YY]

THIS PROOF OF CLAIM MUST BE SUBMITTED ON OR BEFORE MAY 29, 2018 AND MUST BE MAILED TO:

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c/o Epiq
Settlement Administrator
P.O. Box 5110
Portland, OR 97208-5110

A Proof of Claim received by the Settlement Administrator shall be deemed to have been submitted when posted, if mailed by May 29, 2018 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 Proof of Claim shall be deemed to have been submitted when actually received by the Settlement Administrator.

You should be aware that it will take a significant amount of time to process fully all of the Proofs of Claim and to administer the Settlement. This work will be completed as promptly as time permits, given the need to investigate and tabulate each Proof of Claim. Please notify the Settlement Administrator of any change of address.

REMINDER CHECKLIST

- Please be sure to sign this Proof of Claim on Page 5. If this Proof of Claim 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 Proof of Claim or any supporting documents.
- If you move after submitting this Proof of Claim, please notify the Settlement Administrator of the change in your address.