

**UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF CALIFORNIA**

IN RE IMMUNITYBIO, INC. SECURITIES
LITIGATION

No. 3:23-cv-01216-GPC-VET

THIS DOCUMENT RELATES TO:
ALL ACTIONS

PROOF OF CLAIM AND RELEASE FORM

A. GENERAL INSTRUCTIONS & INFORMATION

1. You are urged to read carefully the accompanying Notice of Proposed Settlement of Class Action, Motion for Attorneys' Fees and Expense, and Settlement Fairness Hearing (the "Notice"). Unless otherwise defined herein, all capitalized terms have the meaning set forth in the accompanying Stipulation of Settlement, dated January 28, 2025 (the "Stipulation").

2. To recover as a Settlement Class member under the proposed Settlement of this Action, you must submit this Proof of Claim and Release Form (the "Proof of Claim"). However, such filing is not a guarantee that you will share in the proceeds of the Settlement in the Action.

3. You must submit your completed and signed Proof of Claim, accompanied by copies of the supporting documents specified herein, on or before July 7, 2025, addressed to the Claims Administrator as follows:

**ImmunityBio Securities Settlement
c/o Epiq
PO Box 2239
Portland, OR 97208-2239
info@ImmunityBioSecuritiesSettlement.com**

4. If you are a member of the Settlement Class and you do not timely request exclusion, you will be bound by the terms of any judgment entered in the Action, whether or not you submit a Proof of Claim.

5. If you are **not** a member of the Settlement Class, **do not** submit a Proof of Claim.

6. For help completing this Proof of Claim, please contact the Claims Administrator.

B. INSTRUCTIONS FOR FILLING OUT THE PROOF OF CLAIM FORM

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.

1. To be eligible to participate in the distribution of the Net Settlement Fund, you must have purchased or acquired ImmunityBio (NASDAQ: IBRX) securities between March 10, 2021 and May 10, 2023, both dates inclusive (the "Settlement Class Period") and not otherwise excluded from the Settlement Class. Excluded from the Settlement Class are the Defendants; members of the immediate family of the Defendants; the subsidiaries and affiliates of any Defendants; any person or entity who is a partner, executive officer, director or controlling person of the Defendants; any entity in which any Defendant has a controlling interest; and the legal representatives, heirs, successors, and assigns of any such excluded party.

2. The submission of a Proof of Claim does not ensure that your claim will be upheld or that you will share in any recovery. All claims are subject to verification and investigation. You may be requested to provide further information.

3. All claims must be made by persons or entities who were beneficial owners (as opposed to record holders or nominees) of ImmunityBio securities. (Brokerage firms, banks and other nominees are requested to transmit copies of the Notice and this Proof of Claim to their present or former customers who were such beneficial owners). If the ImmunityBio stock was owned jointly, all joint owners must complete and sign the Proof of Claim.

4. Executors, administrators, guardians, conservators and trustees may complete and sign the Proof of Claim on behalf of persons or entities represented by them, but they must identify such persons or entities and provide proof of their authority (*e.g.*, powers of attorney or currently effective letters testamentary or letters of administration) to do so.

5. 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, or a custodial account. Joint tenants, co-owners, or custodians for a Uniform Gifts to Minors Account (“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.

6. The date of purchase and/or sale of shares of ImmunityBio stock is the “trade” date and not the “settlement” date.

7. Exercise of option contracts will be considered to be purchases or sales of stock. Option premiums will be incorporated into the purchase/sale price of the common stock accordingly.

8. The date of covering a “short sale” is deemed to be the date of purchase of ImmunityBio stock; and the date of a “share sale” is deemed to be the date of sale of ImmunityBio stock.

9. No cash payment will be made on a claim where the potential distribution is less than ten dollars (\$10.00).

10. You must attach to your claim form **copies** of brokerage confirmations, monthly statements or other documentation of your transactions in ImmunityBio stock for your claim to be valid. If such documents are not available, a complete list of acceptable supporting documentation can be found on the Settlement website at: www.ImmunityBioSecuritiesSettlement.com. Failure to provide this documentation could delay verification of your claim or could result in rejection of your claim.

11. If your trading activity during the Settlement Class Period exceeds 50 transactions, you must provide all purchase and sale information required in the Schedule of Transactions in an electronic file. For a copy of instructions and the parameters concerning an electronic submission, contact the Claims Administrator by phone: (888) 853-4782; by email: info@ImmunityBioSecuritiesSettlement.com; or via the Settlement website at: www.ImmunityBioSecuritiesSettlement.com.

12. If you have questions or need additional Proofs of Claim, contact the Claims Administrator via the information in the preceding paragraph. You may make photocopies of this form.

In re ImmunityBio, Inc. Securities Litigation

PROOF OF CLAIM

The Claims Administrator must receive this form no later than July 7, 2025.

C. CLAIMANT IDENTIFICATION (Please Type or Print)

Beneficial Owner's Name (as it appears on your brokerage statement)

Beneficial Owner's First Name

MI

Beneficial Owner's Last Name

Joint Beneficial Owner's Name (as it appears on your brokerage statement)

Joint Beneficial Owner's First Name

MI

Joint Beneficial Owner's Last Name

Street Address

City

State

ZIP Code

Foreign Province / Country

Social Security Number

 - -

OR

Taxpayer Identification Number

 -

Specify one of the following:

Individual(s)

Corporation

UGMA Custodian

IRA

Partnership

Estate

Trust

Other _____ (please specify)

Telephone Number (Day)

 - -

Telephone Number (Evening)

 - -

Email Address

Record Owner's Name and Address (if different from beneficial owner listed above)

First Name

MI

Last Name

Street Address

City

State

ZIP Code

3. Separately list each and every **sale** of ImmunityBio stock during the period March 10, 2021, through August 8, 2023, inclusive, and provide the following information (*must be documented*):

Sale Date (list chronologically) Month/Day/Year	Number of Securities Sold	Price Per Share (excluding commissions, taxes, and other fees)	Total Sale Price (excluding commissions, taxes, and other fees)
<div style="display: flex; justify-content: space-around;"> □□ - □□ - □□□□ </div> <div style="display: flex; justify-content: space-around; font-size: small;"> MM DD YYYY </div>	□□□	\$ □□□□□□ . □□	\$ □□□□□□ . □□
<div style="display: flex; justify-content: space-around;"> □□ - □□ - □□□□ </div> <div style="display: flex; justify-content: space-around; font-size: small;"> MM DD YYYY </div>	□□□	\$ □□□□□□ . □□	\$ □□□□□□ . □□
<div style="display: flex; justify-content: space-around;"> □□ - □□ - □□□□ </div> <div style="display: flex; justify-content: space-around; font-size: small;"> MM DD YYYY </div>	□□□	\$ □□□□□□ . □□	\$ □□□□□□ . □□
<div style="display: flex; justify-content: space-around;"> □□ - □□ - □□□□ </div> <div style="display: flex; justify-content: space-around; font-size: small;"> MM DD YYYY </div>	□□□	\$ □□□□□□ . □□	\$ □□□□□□ . □□
<div style="display: flex; justify-content: space-around;"> □□ - □□ - □□□□ </div> <div style="display: flex; justify-content: space-around; font-size: small;"> MM DD YYYY </div>	□□□	\$ □□□□□□ . □□	\$ □□□□□□ . □□
<div style="display: flex; justify-content: space-around;"> □□ - □□ - □□□□ </div> <div style="display: flex; justify-content: space-around; font-size: small;"> MM DD YYYY </div>	□□□	\$ □□□□□□ . □□	\$ □□□□□□ . □□

4. State the total number of ImmunityBio shares owned at the close of trading on August 8, 2023, long or short (*if none, enter "0"; if other than zero, must be documented*):

If you need additional space, attach the required information on separate, numbered sheets in the same format as above and print your name and Social Security or Taxpayer Identification number at the top of each additional sheet.

YOU MUST ALSO READ THE RELEASE AND SIGN THE CERTIFICATION.

E. SUBMISSION TO JURISDICTION OF THE COURT

By submitting this Proof of Claim Form and Release, I/we, and every Settlement Class member I/we represent, submit to the jurisdiction of the United States District Court for the Southern District of California for purposes of this Action and the Settlement of the Action, as reflected in the Stipulation of Settlement (the "Stipulation"). 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 Settlement 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.

F. RELEASE

1. By signing this Proof of Claim and Release Form, and in consideration of the establishment of the Settlement Consideration, as of the effective date thereof, the undersigned claimant ("Claimant") on behalf of himself/herself/itself, his/her/its respective heirs, executors, administrators, predecessors, successors, and assigns, fully and unconditionally hereby releases and forever discharges (a) Defendant ImmunityBio, Inc.; (b) Defendant Richard Adcock; (c) Defendant David C. Sachs; (d) Defendant Patrick Soon-Shiong; (e) each of their respective immediate family members (for individuals) and any trust of which any individual defendant is the settler or which is for the benefit of any defendant and/or member(s) of his family; and (f) for any of the entities listed above, their respective past and present general partners, limited partners, principals, shareholders, joint venturers, members, officers, directors, managers, managing directors, supervisors, employees, contractors, consultants, auditors, accountants, financial advisors, professional advisors, investment bankers, underwriters, representatives, insurers, reinsurers, trustees, trustors, agents, attorneys, professionals, parents, subsidiaries, related entities, affiliates, predecessors, successors, assigns, heirs, executors, administrators, and any controlling person thereof, in their capacities as such, and any entity in which a Defendant has a controlling interest, from any and all claims, demands,

[Empty rectangular box]

(Print your name here)

[Empty rectangular box]

(Print your name here)

[Empty rectangular box]

Signature of Person signing on behalf of Claimant

[Empty rectangular box]

(Print your name here)

[Empty rectangular box]

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

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**ACCURATE CLAIMS PROCESSING TAKES A SIGNIFICANT
AMOUNT OF TIME. THANK YOU FOR YOUR PATIENCE.**

Reminder Checklist:

1. Remember to sign the above Release and Certification.
2. Remember to attach only **copies** of acceptable supporting documentation, a complete list of which can be found on the Settlement website at **www.ImmunityBioSecuritiesSettlement.com**
3. Do not send originals of stock certificates.
4. Keep copies of the completed claim form and documentation for your own records.
5. If you desire an acknowledgment of receipt of your claim form, please send it by Certified Mail, Return Receipt Requested, or its equivalent. **You will bear all risks of delay or non-delivery of your claim.**
6. If your address changes in the future, or if these documents were sent to an old or incorrect address, please send us **written** notification of your new address.

If you have questions or concerns regarding your claim, please contact the Claims Administrator at:

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