Case 1:18-cv-23786-JEM Document 134-4 Entered on FLSD Docket 11/19/2021 Page 1 of 70

EXHIBIT D DISPUTED CLAIMS

Case 1:18-cv-23786-JEM Document 134-4 Entered on FLSD Docket 11/19/2021 Page 2 of 70

CLAIM # DD9LUTW7SC

Case 1:18-cv-23786-JEM Document 134-4 Entered on FLSD Docket 11/19/2021 Page 3 of 70

PROOF OF CLAIM AND RELEASE

OPKO Health, Inc. Securities Litigation Toll-Free Number: 1-888-383-0345 Email: info@OPKOHealthSecuritiesLitigation.com Website: www.OPKOHealthSecuritiesLitigation.com

To be eligible to receive a share of the US Net Settlement Fund in connection with the Settlement of this Action based on your purchases of OPKO common stock on any U.S. stock exchange (including the New York Stock Exchange or the Nasdaq), you must complete and sign this Proof of Claim and Release Form ("Claim Form") and mail it by first-class mail to the address below, with supporting documentation. *postmarked* no later than January 26, 2021

Mail to:

OPKO Health, Inc. Securities Litigation c/o JND Legal Administration P.O. Box 91360 Seattle, WA 98111

<u>Please Note:</u> If your only purchases of OPKO common stock during the Class Period were made on the Tel Aviv Stock Exchange (the "TASE") you should not submit this Claim Form. Your eligibility for a distribution from the Settlement based on shares purchased on the TASE will be determined based on information provided by your broker and does not require a Claim Form.

This Claim Form should only be used to report transactions and holdings of OPKO common stock traded on U.S. exchanges (or any other transactions in OPKO common stock purchased or acquired during the Class Period in any other manner other than purchases on the TASE).

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.

CONTENTS

- 02 PARTI-CLAMANT INFORMATION
- 03 PARTI GENERAL INSTRUCTIONS
- 06 PART III SCHEDULE OF TRANSACTIONS IN CERO COMMUNISTOCK TRADED ON ANY U.S. STOCK EXCHANGE
- 08 MART IV RELEASE OF CLAIMS AND SIGNATURE

Questions? Visit www.<u>OPKOHealthSecuritiesLitigation.com</u> or call toll-free at 1-888-383-0345 To view JND's privacy policy, please visit https://www.jndle.com/privacy-policy

Case 1:18-cv-23786-JEM Document 134-4 Entered on FLSD Docket 11/19/2021 Page 4 of 70 PART I - CLAIMANT INFORMATION The Clearns Administrator will use this information for all communications regarding this Claim Form. If this information changes, you MUST notify the Claims Administrator in writing at the address above. Complete names of all persons and entities must be provided JAN 0 5 2021 Beneficial Owner's Last Name Beneficial Owner's First Name Alstodt l Joint Beneficial Owner's First Name (If applicable) Joint Beneficial Owner's Last Name (if applicable) If this claim is submitted for an IRA, and if you would like any check that you MAY be eligible to receive made payable to the IRA, please include "IRA" in the "Last Name" box above (e.g., Jones IRA). Entity Name (if the Beneficial Owner is not an individual) Name of Representative, if applicable (executor administrator, trustee, so, etc.), if different from Beneficial Owner Last 4 divits of Social Security Number or Taxpayer Identification Number Street Address City State/Province Zip Code Foreign Postal Code (if applicable) Foreign Country (If applicable) Telephone Number (Day) Telephone Number (Evening) 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): Type of Beneficial Owner: Specify one of the following: X Individual(s) UGMA Custodian - IRA Corporation | Parinership Estate Olher (describe) Trust

> Duestions? Visit www.OPKOHealthSecuritiesLitigation.com or call toll-free at 1-888-383-0345 To view JND's privacy policy, please visit https://www.jndia.com/privacy-policy

13. By submitting a signed Claim Form, you will be swearing that you:

- (a) own(ed) the OPKO common stock you have listed in the Claim Form; or
- (b) are expressly authorized to act on behalf of the owner thereof.

14. By submitting a signed 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.

15. 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.

10 PLEASE NOTE: As set forth in the Plan of Allocation, each Authorized Glaimant shall receive his, her, or its pro rate where of the US Net Settlement Fund based on his, her, or its transactions in OPKO common stock that were traded on any U.S. exchanges. 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 of the US Net Settlement Fund will be made to that Authorized Claimant.

17. If you have questions concerning the Claim Form, or need additional copies of the Claim Form or the Notice, you may contact the Claims Administrator, JND Legal Administration, at the above address, by email at info@OPKOHealthSecuritiesLitigation.com, or by toll-free phone at 1-888-383-0345, or you can visit the website, <u>www.OPKOHealthSecuritiesLitigation.com</u>, where copies of the Claim Form and Notice are available for downloading.

18. 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 <u>www.OPKOHealthSecuritiesLitigation.com</u> or you may email the Claims Administrator's electronic filing department at OPKSecurities@JNDLA.COM. Any file not in accordance with the required electronic filing format will be subject to rejection. Only one claim should be submitted for each separate legal entity (see ¶ 11 above) and the *complete* name of the beneficial owner of the securities must be entered where called for (see ¶ 10 above). No electronic files will be considered to have been 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. If you do not receive such an email within 10 days of your submission, you should contact the electronic filing department at OPKSecurities@JNDLA.com to inquire about your file and confirm it was received.

IMPORTANT: PLEASE NOTE

YOUR CLAIM IS NOT DEEMED FILED UNTIL YOU RECEIVE AN ACKNOWLEDGEMENT POSTCARD. THE CLAIMS ADMINISTRATOR WILL ACKNOWLEDGE RECEIPT OF YOUR CLAIM FORM BY MAIL, WITHIN 60 DAYS. IF YOU DO NOT RECEIVE AN ACKNOWLEDGEMENT POSTCARD WITHIN 60 DAYS, CALL THE CLAIMS ADMINISTRATOR TOLL FREE AT 1-888-383-0345.

Objections7 Visit www.OPKOHealthSecuritiesLitigation.com or call toll-free at 1-888-383 0345 To view JND's privacy policy, please visit https://www.jndla.com/privacy-policy Case 1:18-cv-23786-JEM Document 134-4 Entered on FLSD Docket 11/19/2021 Page 6 of 70

PART III – SCHEDULE OF TRANSACTIONS IN OPKO COMMON STOCK TRADED ON ANY U.S. STOCK EXCHANGE

The only eligible security is OPKO Health, Inc. common stock (Ticker: OPK, CUSIP: 68375N103) Do not include information regarding securities other than OPKO common stock.

Include only transactions and holdings of OPKO common stock traded on U.S. exchanges (including the New York Stock Exchange or Nasdaq)¹, or any other transactions in OPKO common stock during the Class Period, other than shares traded on the Tel Aviv Stock Exchange ("TASE"). Do <u>not</u> include any holdings or transactions in OPKO common stock traded on the TASE.

Please include proper documentation with your Claim Form as described in detail in Part II - General Instructions, ¶ 8, above.

 HOLDINGS AS OF SEPTEMBER 26, 2013 – State the total number of shares of OPKO common stock traded on a U.S. exchange that you held as of the opening of trading on September 26, 2013. (Must be documented.) If none, write "zero" or "0."

Di Position Enclosed



 PURCHASES/ACQUISITIONS FROM SEPTEMBER 26, 2013 THROUGH SEPTEMBER 7, 2018 – Separately list sach and every purchase or acquisition (including free receipts) of OPKO common stock traded on a U.S. exchange from after the opening of trading on September 26, 2013 through September 7, 2018. (Must be documented.)

Date of Purchase/ Acquisition (List Chronologically) (Month/Day/Year)	Number of Shares Purchased/ Acquired	Purchase/ Acquisition Price Per Share	Total Purchase/ Acquisition Price (excluding any taxes, commissions, and fees)	Confirm Proof of Purchase Enclosed
71812015	100	\$ 24.5689	\$ 2,456 89	X
71812015	200		\$ 4,824,75	X
712712015	100		\$ 1,569.97	X
91812415	1100	\$ 11.4160	\$12,117,92	23

PURCHASES/ACQUISITIONS FROM SEPTEMBER 8, 2018 THROUGH DECEMBER 4, 2018 – State the total
number of shares of DPKO common stock freded on a U.S. exchange purchased or acquired (including free
receipts) from September 8, 2018 through the close of trading on December 4, 2018. If none, write "zero" or 10,11

Cluestions? Visit www.OPKOHealthSecuritiesLitigation.com or call toil-free at 1-888-383-0345 To view JND's privacy policy, please visit https://www.jndia.com/privacy-policy

In the United States, OPKO common stock traded on the New York Stock Exchange from the beginning of the Class Period through June 23, 2016 and on the Nasdaq from June 24, 2016 through the end of the Class Period.

Please note Information requested with respect to your purchases and acquisitions of OPKO common stock traded on a U.S. exchange from September & 2018 through and including December 4, 2018 is needed in order to balance your claim. However, purchases during It is pend, or at or after 1:57 p.m. on September 7, 2018, are not eligible under the Settlement and will not be used for purposes of calculating your US Recognized Claim pursuant to the Plan of Allocation.

each and every sale on a U.S. exchange	or disposition (includ from after the openi	ing free deliveries) of	ER 4, 2018 - Separately list OPKO common stock traded ember 26, 2013 through the)	
Date of Sale (List Chronologically) (Month/Day/Year)	Number of Shares Sold	Sale Price Per Share	Total Sale Price (not deducting any fees, commissions, and taxes)	Confirm Proof of Sale Enclosed
913012016	1,500	\$ 10.57	\$ 1,5,795.65	X
1 1		\$	S	
1.1		S	\$	
1 1		\$	\$	
common stock trade	ed on a U.S. excha	18 - Stale the total inge that you held a add,) If none, write 'ze	number of shares of OPKO s of the close of trading on ro" 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.

7

Case 1:18-cv-23786-JEM Document 134-4 Entered on FLSD Docket 11/19/2021 Page 8 of 70

PART IV - RELEASE OF CLAIMS AND SIGNATURE

YOU MUST ALSO READ THE RELEASE AND CERTIFICATION BELOW AND SIGN ON PAGE 9 OF THIS CLAIM FORM.

I (we) hereby acknowledge that, pursuant to the terms set forth in the Stipulation, without further action by anyone, upon the Effective Date of the Settlement, I (we), on behalf of myselt (ourselves) and my (our) (the claimant(s)') heirs, executors, administrators, predecessors, successors, and assigns, in their capacities as such, shall be deemed to have, and by operation of law and of the judgment shall have, fully, finally, and forever compromised, settled, released, resolved, relinquished, waived, and discharged each and every Released Plaintiffs' Claim (including, without limitation, any Unknown Claims) against the Defendants' Releasees; and shall forever be barred and enjoined from prosecuting any or all of the Released Plaintiffs' Claims against any of the Defendants Releasees.

CERTIFICATION

By signing and submitting this Claim Form, the claimant(s) or the person(s) who represent(s) the claimant(s) agree(s) to the release above and certifies (certify) as follows;

 that I (we) have read and understand the contents of the Notice and this Claim Form, including the releases provided for in the Settlement and the terms of the Plan of Allocation;

that the claimant(s) is a (are) Settlement Class Member(s), 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(s) did not submit a request for exclusion from the Settlement Class;

4. that I (we) own(ed) the OPKO common stock identified in the Claim Form and have not assigned the claim against any of the Defendants or any of the other Detendants' Releasees to another, or that, in signing and submitting this Claim Form, I (we) have the authority to act on behalf of the owner(s) thereof;

 Ibat the claimant(s) has (have) not submitted any other claim covering the same purchases of OPKO common stock and knows (know) of no other person having done so on the claimant's (claimants') behall;

6. It at 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:

 that I (we) agree to furnish such additional information with respect to this 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, and 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;

0 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

Ouestions? Visit www.OPKOHealthSecuritiesLitigation.com or call toll-free at 1-888-383-0344. To view JND's privacy policy, please visit https://www.jndla.com/privacy-policy

Case 1:18-cv-23786-JEM Document 134-4 Entered on FLSD Docket 11/19/2021 Page 9 of 70

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 (i) the claimant(s) is (are) exempt from backup withholding or (ii) 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 (iii) 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 CLAIM FORM IS TRUE, CORRECT, AND COMPLETE, AND THAT THE DOCUMENTS SUBMITTED HEREWITH ARE TRUE AND CORRECT COPIES OF WHAT THEY PURPORT TO BE.

Signature of claimant]atomy 2, 2021		
Print claimanin 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 ¶ 12 on page 4 of this Claim Form.)

Ouestions? Visil <u>www.OPKOHealthSecuritiesLitigation.com</u> or call toll-free at 1-888-383-0345 To view JND's privacy policy, please visit https://www.jndla.com/privacy-policy. Case 1:18-cv-23786-JEM Document 134-4 Entered on FLSD Docket 11/19/2021 Page 10 of 70



 Sign the above release and cartification. If this Claim Form is being made on behalf of joint claimants, then both must sign.



 Attach only copies of acceptable supporting documentation as these documents will not be returned to you.





- 3 Do not highlight any portion of the Claim Form or any supporting documents.
- Keep copies of the completed Claim Form and documentation for your own records.

- The Claims Administrator will acknowledge receipt of your Claim Form by mail, within 30 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 1-888-383-0345.
- If your address changes in the future, or if this 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, contact the Claims Administrator at the address below, by email at info@OPKOHealthSecuritiesLitigation.com, or by toll-free phone at 1-888-383-0345, or you may visit <u>www.OPKOHealthSecuritiesLitigation.com</u> DO NOT call OPKO or its counsel with questions regarding your claim.



THIS CLAIM FORM MUST BE MAILED TO THE CLAIMS ADMINISTRATOR BY FIRST-CLASS MAIL. POSTMARKED NO LATER THAN JANUARY 26, 2021, ADDRESSED AS FOLLOWS:

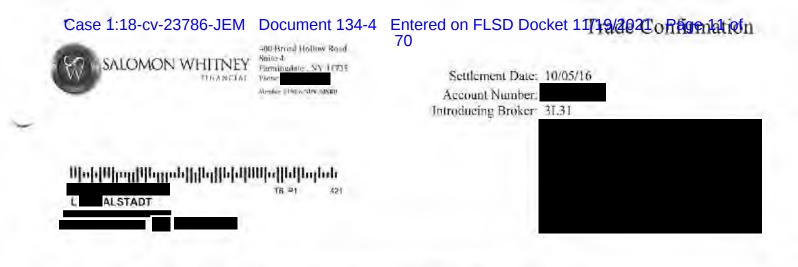
> OPKO Health. Inc. Securities Litigation c/o JND Legal Administration P.O. Box 91360 Seattle, WA 98111

1-888-383-0345 www.OPKOHealthSecuritiesLitigation.com

A Claim Form received by the Claims Administrator shall be deemed to have been submitted when posted, if a postmark date on or before January 26, 2021 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.

You should be aware that it will take a significant amount of time to fully process all of the Claim Forms. Please be patient and notify the Claims Administrator of any change of address.

Duestions? Visit www.OPKOHealthSecuritiesLitigation.com or call toll-free at 1-888-383-0344 To view JND's privacy policy please visit https://www.jndia.com/privacy-policy



Your introducing broker is pleased to confirm the following sale transaction.

Trade Date	Security Description	Symbol	Cusip/Sec. No.	Qty Sold	Price
09/30/16	OPKO HEALTH INC	OPK	68375N103	1,500	10,57000

Your introducing broker capacity: AS AGENT FOR YOU AND FOR YOUR ACCOUNT AND RISK ON THE OVER-THE-COUNTER MARKET.

Principal:	\$15,855.00
Misc Fee:	\$0,35
Firm Commission;	\$59.00
Net Amount:	\$15,795.65

Special remarks for this transaction: PREFERRED RATE APPLIED ACCOUNT SUBJECT TO 28% BACKUP WITHHOLDING

Firm Commission assessed on all transactions and in addition to broker commission.



Case 1:18-cv-23786-JEM Document 134-4 Entered on FLSD Docket 11/19/2021 Page 12 of

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CORC	LEARING LLC	and the second states and the second states and the second	Ascount	
1.000	224W164.20	Proceeds from Broker and Barter Exchange Transactions		
2018	1099-8* OMB No. 1545-07 15		01/24/2017	

Sees transactions are organized into sections according to term (long, short or undeformined) and covered status (corored or noncovered). For this lots whose term is undetermined, use your historical documents to establish the cost basis and date of purchase.

Several columns include both an amount and a qualitying notation to its right. Where proceeds are the result of an option exercise or assignment, there is indication of whether the amount is N (het of option premium) or C (Gross). According to the decount and Wash safe loss disallowed appear in the same column, identified by the letters D or W, respectively. Where you are not permitted to recognize a loss, an indication of X (change in control or capital structure) or Z (other corporate action) is used. The change in control condition is reported to the IRS for covered lots. Neither the disclose of loss due to cher corporate action, is used. The change in control condition is reported to the IRS for covered lots. Neither the disclose of loss due to cher corporate action of loss in any instance.

Some tax lots may have notations in the collumn of additional information because they require special treatment on your tax returns. Sales of socurities such as Contingent Payment Dabt Instruments (CPDI) are marked up "Codivery" because galas and losses on these instruments generally do not gualify as short- or long term capital transactions. Similarly, iota noted as "12- [X] Collectible" are handled distingly under the tax sode. These conditions are reported to the IR5 - You may wish to consult with your tax advisor, the IRS or your state tax authority regarding the proper treatment for these scenarios.

Closing of written options is presented in a distinct manner in accordance with IRS regulation. For these transactions the Cost or other basis (column 1e) is always presented as \$0,00 and the Proceeds (column 1d) is the instant received when the option was written and the cost to close the position.

FATCA liling requirement []

LONG TERM TRANSACTIONS FOR COVERED TAX LOTS [Ordinary gains or losses are identified in the Additional information column] (Liver 2 & F Report on Form 8949, Pad II with Box D checked, Basis is provided to the IRS. (Line 3)

"Gain or loss (-)" is NOT reported to the IRS

i⇔ Clato sold or disposed	Quantity	1d- Proceeds & 6- Reported (6)ross or (Njet	16- Gata acquired	1e- Cost ar other basis	II- Accrued mid disc (D) & ig- Wash sale lose disallowed (W)	Gain or less(-) 8 7- Loss not allowed (X) also not reported (Z)	Additional information
PRO HEALTHING / C	USIR: 68376N103 / Sym	bol: OPK					
	5 kansactions la	or 09/30/16. Total procend	s and cost report	led to the IRS,			
	100 000	1,053.04	07/08/15	2.466.89	0 00	-1,403.85	Sele XY
	200.000	2.106.08	07/08/45	4,679.76	0.00	-2,723,70	Original besis: 51,101.60 Sale ^{av}
	100 000	7.053.04	07/27/15	1.569.97	0.00	-576.93	Original basis: \$2,203,20 Sele **
00/00/16	#19.000 66*.000 1.000.000	4,472.25 7,171.24 16,795.65	09/08/15 09/08/15 Valicus	4,615.72 7.501.92 20.974.28		-263 47 -330 66 5,178 63	Original base: \$1,101.66 Sole Sole Total of 5 transactions
Totals :	and the second	15,795.65		20,974,28		-5,178.63	

* This is important tax information and is being furnished to the Internal Revenue Service. If you am required to file a miturn, a negligence penalty or other senction may be imposed on you if this income is taxable and the IRS determines that it has not been reported. Remember, taxpayers are ultimately responsible for the accuracy of their tax return(s).



January 2. 20	121	_

JAN 0 5 202

OPKO Health, Inc. Securities Litigation c/o JND Legal Administration P.O. Box 91360 Scattle, WA 98111

Re: Claim in OPKO Health, Inc. Securities Litigation

Administrator.

Enclosed is the Proof of Claim and Release that I have completed and signed for the OPKO Health. Inc. Sceurities Litigation. As proof of my claim I have attached to the last page of the completed form a Trade Confirmation dated 10/05/16 for my sale of OPKO shares on 9/30/2016 and a page from the 1099-B form that I received from COR Clearing LLC. The 1099-B form contains a list of the dates on which I purchased the OPKO shares that I sold on 9/30/2016 as well as the dates acquired, proceeds and costs for the purchase transactions of the shares that I sold on 9/30/2016.

If you require and additional information please call me or contact me by mail.

Very truly yours, Urtalf Mamda

Enclosure

Case 1:18-cv-23786-JEM Document 134-4 Entered on FLSD Docket 11/19/2021 Page 14 of 70

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OPKO Health, Inc. Securities Litigation c/o JND Legal Administration P.O. Box 91360 Seattle, WA 98111



OPKO Health Securities Litigation c/o JND Legal Administration P.O. Box 91360 Seattle, WA, 98111

Email: info@OPKOHealthSecuritiesLitigation.com Toll-Free Number: 1-888-383-0345 Settlement Website: www.OPKOHealthSecuritiesLitigation.com

L ALSTADT		
	,	
UNITED STATES		

Mailing Date: 3/19/2021 Response Due Date: 04/08/2021

Claim ID: DD9LUTW7SC

Eligible Security: OPKO common stock

Class Period: Between September 26, 2013, and September 7, 2018, inclusive

NOTICE OF INELIGIBLE CLAIM SUBMISSION

Dear Claimant:

We received and processed the Proof of Claim and Release ("Claim" or "Claim Form") you submitted for payment from the US Net Settlement Fund in the above-referenced securities litigation settlement. We have determined based on our review of your Claim, that the Claim is ineligible for the reason(s) identified below. To resolve the ineligibility, you must submit a written response with any required documentation as specified below postmarked no later than the response due date printed at the top of this Notice. Please include a copy of this Notice with your response.

This is the only notice you will receive with respect to this Claim.

Reason for ineligibility (Please see below for explanation):

CLAIM DOES NOT CALCULATE TO A US RECOGNIZED CLAIM UNDER THE PLAN OF ALLOCATION

Description

In accordance with the Plan of Allocation set forth in the Notice of (I) Pendency of Class Action and Proposed Settlement; (II) Settlement Fairness Hearing; and (III) Motion for Attorneys' Fees and Litigation Expenses, the Claim referenced above does not calculate to a US Recognized Claim and is, therefore, ineligible to receive a payment from the US Net Settlement Fund. The Plan of Allocation is set forth on pages 19 through 25 of the Notice, which can be viewed on or downloaded from **www.OpkoHealthSecuritiesLitigation.com**.



<u>Please note</u>, just because you may have suffered a market loss, does not mean you have a US Recognized Claim under the Plan of Allocation and will be eligible for a payment. Claims are calculated in accordance with the Plan of Allocation. For one example, you would not be eligible for payment if you sold all the shares of OPKO common stock you purchased during the Class Period before September 7, 2018.

How to Fix

You can resolve this condition of ineligibility only by submitting additional purchase transactions of OPKO common stock during the Class Period, *i.e.*, from September 26, 2013, through September 7, 2018, inclusive, that were traded on a U.S. exchange, including the NYSE or Nasdaq, or in any other manner other than through a purchase on the Tel Aviv Stock Exchange that were not previously reflected in your Claim and which make your Claim calculate to a US Recognized Claim. You must also support any additional transactions with acceptable documentation.

Acceptable documentation includes securities brokers' confirmation slips, month- and year-end account statements, or similar documentation. Self-generated documents are not acceptable.

Please note, even if you cure the noted ineligibility, your Claim must then calculate to a US Recognized Claim under the Plan of Allocation in order to be included in the list of eligible Claims presented to the Court for approval. If you disagree with the conditions identified in this notice, you may contact us for assistance and/or request Court review of our administrative determination regarding your Claim.

To request Court review, you must send a letter to the Claims Administrator at the address indicated above no later than the response due date set forth above. Your letter, which must be signed, must: (1) specifically state that you "request that the Court review the full rejection of your Claim"; (2) state your argument(s) for why you are contesting the full rejection of the Claim; and (3) include any and all documentation supporting your arguments. A copy of this letter must be included with your request for Court review.

PLEASE NOTE: COURT REVIEW SHOULD ONLY BE SOUGHT IF YOU DISAGREE WITH THE WAY THE CLAIMS ADMINISTRATOR APPLIED THE PLAN OF ALLOCATION TO THE CALCULATION OF YOUR PARTICULAR CLAIM. IF YOU REQUEST COURT REVIEW, YOUR CLAIM AND THE SUPPORTING DOCUMENTATION WILL BE SUBMITTED TO THE COURT FOR CONSIDERATION AND WILL BECOME PART OF THE PUBLIC RECORD. FINANCIAL ACCOUNT NUMBERS AND CERTAIN OTHER PERSONAL INFORMATION PROVIDED ON YOUR CLAIM FORM AND THE SUPPORTING DOCUMENTATION WILL BE REDACTED TO PROTECT YOUR PRIVACY.

Sincerely,

JND Legal Administration

Case 1:18-cv-23786-JEM Document 134-4 Entered on FLSD Docket 11/19/2021 Page 17 of



LEGAL ADMINISTRATION

Claim ID: DO9LUTW7SC

APR 1 8 2021

OPKO Health Securities Litigation c/o JND Legal Administration P.O. Box 91360 Seattle, WA, 98111

Email: info@OPKOHealthSecuritiesLitigation.com Toll-Free Number: 1-888-383-0345 Settlement Website: www.OPKOHealthSecuritiesLitigation.com

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Mailing Date: 3/19/2021 Response Due Date: 04/08/2021

Claim ID: DD9LUTW7SC

Eligible Security: OPKO common atock

Class Period: Between September 26, 2013. and September 7, 2018, inclusive

NOTICE OF INELIGIBLE CLAIM SUBMISSION

Dear Claimant:

We received and processed the Proof of Claim and Release ("Claim" or "Claim Form") you submitted for payment from the US Net Settlement Fund in the above-referenced securities litigation settlement. We have determined based on our review of your Claim, that the Claim is ineligible for the reason(s) identified below. To resolve the ineligibility, you must submit a written response with any required documentation as specified below postmarked no later than the response due date printed at the top of this Notice. Please include a copy of this Notice with your response.

This is the only notice you will receive with respect to this Claim.

Reason for ineligibility (Please see below for explanation):

CLAIM DOES NOT CALCULATE TO A US RECOGNIZED CLAIM UNDER THE PLAN OF ALLOCATION

Description

In accordance with the Plan of Allocation set forth in the Notice of (I) Pendency of Class Action and Proposed Settlement; (II) Settlement Fairness Hearing; and (III) Motion for Attorneys' Fees and Litigation Expenses, the Claim referenced above does not calculate to a US Recognized Claim and is, therefore, ineligible to receive a payment from the US Net Settlement Fund. The Plan of Allocation is set forth on pages 19 through 25 of the Notice, which can be viewed on or downloaded from www.OpkoHealthSecuritiesLitigation.com-



ADMINISTRATION

Claim ID: DD9LUTW7SC

<u>Please note</u>, just because you may have suffered a market loss, does not mean you have a US Recognized Claim under the Plan of Allocation and will be eligible for a payment. Claims are calculated in accordance with the Plan of Allocation. For one example, you would not be eligible for payment if you sold all the shares of CPKO common slock you purchased during the Class Period before September 7, 2018.

How to Fix

You can resolve this condition of ineligibility only by submitting additional purchase transactions of OPKO common stock during the Class Period, i.e., from September 26, 2013, through September 7, 2018, inclusive, that were traded on a U.S. exchange, including the NYSE or Nasdaq, or in any other manner other than through a purchase on the Tel Aviv Stock Exchange that were not previously reflected in your Claim and which make your Claim calculate to a US Recognized Claim. You must also support any additional transactions with acceptable documentation.

Acceptable documentation includes securities brokers' confirmation slips, month- and year-end account statements, or similar documentation. Self-generated documents are not acceptable.

Please note, even if you cure the noted ineligibility, your Claim must then calculate to a US Recognized Claim under the Plan of Allocation in order to be included in the list of eligible Claims presented to the Court for approval. If you disagree with the conditions identified in this notice, you may contact us for assistance and/or request Court review of our administrative determination regarding your Claim.

To request Court review, you must send a letter to the Claims Administrator at the address indicated above no later than the response due date set forth above. Your letter, which must be signed, must: (1) specifically state that you "request that the Court review the full rejection of your Claim"; (2) state your argument(s) for why you are contesting the full rejection of the Claim: and (3) include any and all documentation supporting your arguments. A copy of this letter must be included with your request for Court review.

PLEASE NOTE: COURT REVIEW SHOULD ONLY BE SOUGHT IF YOU DISAGREE WITH THE WAY THE CLAIMS ADMINISTRATOR APPLIED THE PLAN OF ALLOCATION TO THE CALCULATION OF YOUR PARTICULAR CLAIM. IF YOU REQUEST COURT REVIEW, YOUR CLAIM AND THE SUPPORTING DOCUMENTATION WILL BE SUBMITTED TO THE COURT FOR CONSIDERATION AND WILL BECOME PART OF THE PUBLIC RECORD. FINANCIAL ACCOUNT NUMBERS AND CERTAIN OTHER PERSONAL INFORMATION PROVIDED ON YOUR CLAIM FORM AND THE SUPPORTING DOCUMENTATION WILL BE REDACTED TD PROTECT YOUR PRIVACY.

Sincerely,

JND Legal Administration

April 5, 2021

OPKO Health, Inc. Securities Litigation c/o. IND Legal Administration P.O. Box 91360 Seattle, WA 98111

Re: Claim ID DD9LUTW7SC in OPKO Health, Inc. Securities Litigation

Request for Court Review of Full Rejection of My Claim

Administrator.

I request that the Court review the full rejection of my above identified claim as set forth in the letter dated 3/19/2021 from JND Legal Administration. I further request that the Court reverse the rejection and order that my claim be accepted as filed.

In support of this request I submit a copy of the following documents that were previously submitted with my proof of claim:

- A Trade Confirmation having a settlement date of 10/05/16 from Salomon Whitney Financial for sale of my 1,500 shares of OPKO Health Inc. common stock on 9/30/2016. This Trade Confirmation gives that address of Salomon Whitney Financial as 400 Broad Hollow Road, Suite 4, Farmingdale, NY 11735. The bottom of the Trade Confirmation says "CLEARED THROUGH: COR Clearing LLC * 1200 Landmark Center, Suite 800 * Omaha, NE 68102-1916.
- Page 3 from the 2016 1099-B form dated 1/24/2017 that I received from COR Clearing LLC. This page reports the sale of the 1,500 shares of OPKO Health Inc. common stock on 09/30/16 and lists from their records the dates 07/08/15, 07/28/15 and 09/18/15 as the dates on which I purchased these shares. In addition, this form states the proceeds from the sale and the cost basis of the shares. The 1099-B form also shows that I suffered a loss of \$5,178.63.

My account number has been redacted from these documents.

A copy of the letter dated 3/19/2021 from JND Legal Administration is also enclosed.

April 5, 2021 Page 2

Argument

The Reason for Ineligibility stated in the letter from JND Legal Administration is, "CLAIM DOES NOT CALCULATE TO A US RECOGNIZED CLAIM UNDER THE PLAN ALLOCATION". The letter does not provide any explanation as to why my claim is not a US recognized claim. The description of the refusal simply restates the conclusion that "the Claim referenced above does not calculate to a US Recognized Claim" and refers to paragraphs 19 through 25 of the Notice of (1) Pendency of Class Action and Proposed Settlement; (11) Settlement Fairness Hearing; and (III) Motion for Attorney's Fees and Expenses.

Paragraph 23 of the Notice says, "The Settlement Class consists of: all persons or enfittes that purchased or otherwise acquired OPKO common stock during the period from September 26, 2013 through September 7, 2018, inclusive ("the Class Period") including, but not limited to, on either a U.S.-based exchange (including the New York Stock Exchange and Nasdaq) or on the Tel Aviv Stock Exchange, and who were damaged thereby."

The Trade Confirmation dated 10/05/16 from Salomon Whitney Financial and 1099-B form that I received from COR Clearing LLC, provides clear and convincing evidence that I purchased of the 1,500 shares of OPKO Health Inc. common stock on 07/08/15, 7/27/15 and 09/18/15, that I sold those shares 09/30/16 and that I suffered a loss of \$5,178.63.

These documents do not identify the exchange on which the shares were purchased. However, footnote 1 on page 6 of the Proof of Claim form provided to me for submission of my claim says, "In the United States, OPKO common stock traded on the New York Stock Exchange from the beginning of the Class Period through June 23, 2016 and on the Nasdaq from June 24, 2016 through the end of the class period."

The documents submitted with this request show that, in 2015 and 2016 I lived in the United States and that both Salomon Whitney Financial and COR Clearing LLC were brokerage firms located and doing business in the United States. According to a press release dated February 4, 2019, announcing the acquisition of COR Clearing LLC by AXOS Financial Inc. "COR Clearing [was] a full-service, independent securities clearing firm servicing retail and online broker-dealers and registered investment advisers throughout the United States. COR-Clearing (was) a registered broker-dealer in all 50 states and (was) regulated by FINRA, the SEC, and additional Self-Regulatory Organizations (SROs), COR Clearing [was] the whollyowned subsidiary of COR Securities Holdings Inc."

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Consequently, it would be unreasonable to conclude that my1,500 shares of OPKO Health Inc. common stock were not acquired through a U.S.-based exchange. Indeed, this evidence leads to the inescapable conclusion that my 1,500 shares of OPKO Health Inc. were purchased on the New York Stock exchange.

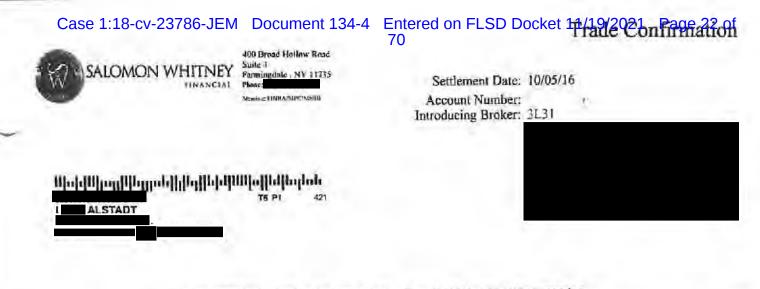
Case 1:18-cv-23786-JEM Document 134-4 Entered on FLSD Docket 11/19/2021 Page 21 of 70

April 5, 2021 Page 3

For the foregoing reasons I respectfully request that the Court reverse the full rejection of my above identified claim as set forth in the letter dated 3/19/2021 from JND Legal Administration and order that my claim be accepted as filed.

Respectfully submitted, Alstadt, Claimant 1 Attorney at Law

Enclosures



Your introducing broker is pleased to confirm the following sale transaction.

-	Trade Date	Security Description		Symbol	Cusip/Sec. No.	Qty Sold	Price
-	09/30/16	OPKO HEALTH INC	ê e	OPK	68375N103	1,500	10.57000

Your introducing broker capacity AS AGENT FOR YOU AND FOR YOUR ACCOUNT AND RISK ON THE OVER-THE-COUNTER MARKET.

Principal:	\$15,855.00
Misc Fee:	\$0.35
Firm Commission:	\$59.00
Net Amount:	\$15,795.65

Special remarks for this transaction: PREFERRED RATE APPLIED ACCOUNT SUBJECT TO 28% BACKUP WITHHOLDING

Firm Commission assessed on all transactions and in addition to broker commission,

Subject to terms on reverse side. Please retain for your records. CLEARED THROUGH: COR Clearing LLC • 1200 Landmark Center, Suite 800 • Omaha, NE 68102-1916 • 402-384-6101 www.corclearing.com Member FINRA & SIPC 1.00.1.0.1.0.000

Case 1:18-cv-23786-JEM Document 134-4 Entered on FLSD Docket 11/19/2021 Page 23 of

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COR CLEARING LLC	A STATE OF A	Account
Proc	is from Broker and Barter Exchange Transaction	s
2016 1099-B" OME No. 1945-0715		01/24/2017

Seles transactions are organized into sections according to term (long, shart or undetermined) and covered status (covered or nancovered). For tax lats whose term is undetermined, use your historical documents to establish the cost basis and date of parchaee.

Several columns include both an empant and a qualitying rotation to its right. Where proceeds are the result of an option exercise or estignment, there is indication of whether the amount is N (nat of option premium) or C (Grass). Accured market discount and Wash sele loss disallowed appear in the same column, identified by the letters D or W, respectively. Where you are not permitted to recognize a loss, an indication of X (change in control or capital sincilure) or Z (other corporate action) is used. The change in control condition is reported to the IRS for covered lots. Neither the disallowance of loss due to other corporate action nor the amount of gain or loss is reported to the IRS in any instance.

Some tax lots may have notations in the column of additional information because they require special treatment on your tax returns. Sales of scourities such as Contingent Payment Dubt Instruments (CPDI) are marked as "Ordinary" because gains and losnes on these instruments generally do not quality as stref- or long-term capital transactions. Similarly, lots noted as "12-12] Collectible" are hendled distinctly under the tax code. These conditions are reported to the IRS. You may man to contail with your tex advisor, the IRS or your state tax authority regarding the proper treatment for livese scenarios.

Closing of written collons is presented in a distinct manner in accordance with IRS regulation. For these transactions the Cost or other basis (volume 1e) is always presented as \$0.00 and the Proceeds (column 1d) is the net of the amount received when the option was written and the cost to close the position.

FATCA filing requirement []

LONG TERM TRANSACTIONS FOR COVERED TAX LOTS [Ordinary gains or losses are identified in the Additional Information column] (Liver 2 & 3) Report on Form 8949, Part II with Box D checked. Basis is provided to the IRS. (Line 4) 'Gain or loss (-y' is NOT reported to the IRS.

1a-Description of property/CI/SIP/Symbol

1c-Dale sold or disposed	Quantity	1d- Proceeds & 6- Reported (G)rose or (N)et	ib- Debi acquired	1e-Cost or other basis		Gain or loss(-) & 7- Loss not allowed (X) also not reported (Z)	Additional Information
OPKO HEALTH INC	/ CUSIP; 68375N103 / 5ym	bolt OPK					
	5 bunsactions h	or 09/30/16. Total processo	is and cost repor	lad to the IRS.			
	100.000	1,053.04	07/08/15	2,456.89	0.00	-1,403.85	Sale IL
	200.000	2.105,00	07/08/15	4,829.78	0.00	-2,723.70	Original besis: \$1.101.60 Sale XI Original basis: \$2,205.20
	100.000	1,053.04	07/27/15	1,569.97	0.00	-516,93	Sule XX Original basis: \$1,101.60
09/30/16	419.000 581.000 1,500.000	4,412.25 7,171.24 15,795.55	09/06/15 09/06/15 Ventous	4,615.72 7,501.92 20,974.28	0.00 0.00 0.00	-203.47 -330.68 -5,178.63	Sale Sale Total of 5 inunsections
Totals :	C.G.C.040C	15,795.65		20,974,28		-5,178.63	

"This is important tax information and is being furnished to the internal Revolue Service. If you are required to file a return, a negligence penalty or other senction may be imposed on you if This income is taxable and the IRS determines that it has not been reported. Remember, laxpayers are ultimately responsible for the accuracy of their tax return(s).

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PM4 5 APR 2021

OPKO Health, Inc. Securities Litigation c/o JND Legal Administration Scattle, WA 98111 P.O. Box 91360

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From: Sent: To: Subject:

Thursday, May 13, 2021 3:09 PM CA - info@OPKOHealthSecuritiesLitigation.com; Imm.alstadt RE: In re: Your OPKO Health Securities Litigation Claim and Court Review

L

Thank you for your time earlier. We are just sending a follow up to confirm that the below email and written explanation has been received.

Please reach out if you have any questions.

Regards,

Claims Administrator (MT) OPKO Health Securities Litigation 1-888-383-0345 www.opkohealthsecuritieslitigation.com

CONFIDENTIALITY NOTICE: This email transmission, and any documents, files or previous e-mail messages attached to it may contain confidential information that is legally privileged. If you are not the intended recipient, or a person responsible for delivering it to the intended recipient, you are hereby notified that any disclosure, copying, distribution or use of any of the information contained in or attached to this transmission is STRICTLY PROHIBITED. If you have received this transmission in error, please immediately notify the sender. Please destroy the original transmission and its attachments without reading or saving in any manner.

From: CA - info@OPKOHealthSecuritiesLitigation.com

Sent: Thursday, May 6, 2021 6:41 PM

To: '____.alstadt@_____' <l___.alstadt@

Cc: CA - info@OPKOHealthSecuritiesLitigation.com <info@OPKOHealthSecuritiesLitigation.com> **Subject:** In re: Your OPKO Health Securities Litigation Claim and Court Review

L

Thank you for your time earlier. As per our discussion, you requested a written explanation of your why your claim did not calculate to a loss under the Plan of Allocation. Please note that a Recognized Loss is not the same as a market loss.

As per the Plan of Allocation (found on Page 19 of the Notice on the case website), for shares purchased on a U.S. Exchange, all shares sold before 1:57 p.m. Eastern time on September 7, 2018 have a US Recognized Loss of \$0.00. As the entirety of your purchases were sold on 9/30/2016, all shares in your claim would have a recognized loss of \$0.00.

Should this be a sufficient explanation, we will withdraw your court review as court review is intended for errors in processing and auditing and not the calculation itself.

Please reach out if you have any questions.

Regards,

Claims Administrator (MT) OPKO Health Securities Litigation 1-888-383-0345 www.opkohealthsecuritieslitigation.com

CLAIM # DHSTQB2RGX

PROOF OF CLAIM

OPKO Health, Inc. Securities Litigation Toll-Free Number: 1-888-383-0345 Email: info@OPKOHealthSecuritiesLitigation.com Website: www.OPKOHealthSecuritiesLitigation.com

To be eligible to receive a share of the US Net Settlement Fund in connection with the Settlement of this Action based on your purchases of OPKO common stock on any U.S. stock exchange (including the New York Stock Exchange or the Nasdaq), you must complete and sign this Proof of Claim and Release Form ("Claim Form") and mail it by first-class mail to the address below, with supporting documentation, *postmarked* no later than January 26, 2021.

Mail to:

OPKO Health, Inc. Securities Litigation c/o JND Legal Administration P.O, Box 91360 Seattle, WA 98111

<u>Please Note</u>: If your only purchases of OPKO common stock during the Class Period were made on the Tel Aviv Stock Exchange (the "TASE") you should not submit this Claim Form. Your eligibility for a distribution from the Settlement based on shares purchased on the TASE will be determined based on information provided by your broker and does not require a Claim Form.

This Claim Form should only be used to report transactions and holdings of OPKO common stock traded on U.S. exchanges (or any other transactions in OPKO common stock purchased or acquired during the Class Penod in any other manner other than purchases on the TASE).

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.

CONTENTS

- 12 PARTI- CLAIMANT INFORMATION
- 03 PART IL GENERAL INSTRUCTIONS
- 06 PART NI SCHEDULE OF TRANSACTIONS OF OPRO-COMMONISTICSK TRADED ON ANY U.S. STOCK EXCHANGE
- ng PART IV RELEASE OF CLAIMS AND SIGNATION

Questions? Visit www.<u>QPKQHealthSecuritiesLitigation.com</u> or call toll-free at 1-888-383-0345 To view JND s privacy policy, please visit https://www.indla.com/privacy-policy

Case 1:18-cv-23786-JEM Document 134-4 Entered on FLSD Docket 11/19/2021 Page 29 of PART I - CLAIMANT INFORMATION The Claims Administrator will use this information for all communications regarding this Claim Form. If this information changes, you MUST notify the Claims Administrator in writing at the address above. Complete names of all persons and entities must be provided. Beneficial Owner's First Name Beneficial Owner's Last Name CHAN Joint Beneficial Owner's First Name (If applicable). Joint Beneficial Owner's Last Name (if applicable) If this claim is submitted for an IRA, and if you would like any check that you MAY be eligible to receive made payable to the IRA, please include "IRA" in the "Last Name" box above (e.g., Jones IRA). Entity Name (if the Beneficial Owner is not an individual) Name of Representative, if applicable (executor, administrator, trustee, o/b, etc.), if different from Beneficial Ovmer Last 4 digits of Social Security Number or Taxpayer Identification Number Street Address State/Province Zip Code City Foreign Postal Code (if applicable) Foreign Country (if applicable) Telephone Number (Evening) Telephone Number (Day) 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): Type of Beneficial Owner: Specify one of the following: X Individual(s) Corporation UGMA Custodian IRA. Partnership Other (describu): Estate Trust

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Constions? Visit <u>www.OPKOHealthSecuritiesLitigation.com</u> or call toll-free at 1-888-383-0345 To view JND's privacy policy, please visit https://www.jndla.com/privacy-policy

Case 1:18-cv-23786-JEM Document 134-4 Entered on FLSD Docket 11/19/2021 Page 30 of 70

13. By submitting a signed Claim Form, you will be swearing that you:

(a) own(ed) the OPKO common stock you have listed in the Claim Form; or

(b) are expressly authorized to act on behalf of the owner thereof.

14. By submitting a signed 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 traudulent documentation, will result in the rejection of your claim and may subject you to civil liability or criminal prosecution.

15. 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.

16. PLEASE NOTE: As set forth in the Plan of Allocation, each Authorized Claimant shall receive his, her, or its pro rate share of the US Net Settlement Fund based on his, her, or its transactions in OPKO common stock that were traded on any U.S. exchanges. 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 of the US Net Settlement Fund will be made to that Authorized Claimant.

17. If you have questions concerning the Claim Form, or need additional copies of the Claim Form or the Notice, you may contact the Claims Administrator, JND Legal Administration, at the above address, by small at into@OPKOHealthSecuritiesLitigation.com, or by toll-free phone at 1-688-383-0545, or you can visit the website, www.OPKOHealthSecuritiesLitigation.com, where copies of the Claim Form and Notice are available for downloading.

18. 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 websile at <u>www.OPKOHealthSecuritiesUltigation.com</u> or you may email the Claims Administrator's electronic filing format will be subject to rejection. Only one claim should be submitted for each separate legal entity (see § 11) above) and the *complete* name of the beneficial owner of the securities must be entered where called for (see § 10 above). No electronic files will be considered to have been 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. If you do not receive such an email within 10 days of your submission, you should contact the electronic filing department at OPKSecurities@JNDLA.com to inquire about your file and confirm it was received.

IMPORTANT: PLEASE NOTE

YOUR CLAIM IS NOT DEEMED FILED UNTIL YOU RECEIVE AN ACKNOWLEDGEMENT POSTCARD. THE CLAIMS ADMINISTRATOR WILL ACKNOWLEDGE RECEIPT OF YOUR CLAIM FORM BY MAIL, WITHIN 60 DAYS. IF YOU DO NOT RECEIVE AN ACKNOWLEDGEMENT POSTCARD WITHIN 60 DAYS, CALL THE CLAIMS ADMINISTRATOR TOLL FREE AT 1-888-383-0345.

Ouestions? Visit www.OPKOHealthSecuritiesLitigation.com or call toil-free at 1-888-383-0345 To view JND's privacy policy, please visit https://www.jndia.com/privacy-policy.

Case 1:18-cv-23786-JEM Document 134-4 Entered on FLSD Docket 11/19/2021 Page 31 of 70 PART III – SCHEDULE OF TRANSACTIONS IN OPKO COMMON STOCK TRADED ON ANY U.S. STOCK EXCHANGE

The only eligible security is OPKO Health, Inc. common stock (Ticker: OPK, CUSIP: 68375N103). Do not include information regarding securities other than OPKO common stock.

Include only transactions and holdings of OPKO common stock traded on U.S. exchanges (including the New York Stock Exchange or Nasdaq)¹, or any other transactions in OPKO common stock during the Class Period, other than shares traded on the Tel Aviv Stock Exchange ("TASE"). Do <u>not</u> include any holdings or transactions in OPKO common stock traded on the TASE.

Please include proper documentation with your Claim Form as described in detail in Part II – General Instructions, ¶ 8, above.

 HOLDINGS AS OF SEPTEMBER 26, 2013 – State the total number of shares of OPKO common stock traded on a U.S. exchange that you held as of the opening of trading on September 26, 2013. (Must be documented.) If none, write "zero" or "0."

Confirm Proof of Position Enclosed

 PURCHASES/ACQUISITIONS FROM SEPTEMBER 26, 2013 THROUGH SEPTEMBER 7, 2018 – Separately list each and every purchase or acquisition (including free receipts) of OPKO common stock traded on a U.S. exchange

Date of Purchase/ Acquisition (List Chronologically) (Month/Day/Year)	Number of Shares Purchased/ Acquired	Purchase/ Acquisition Price Per Share	Total Purchase/ Acquisition Price (excluding any taxes, commissions, and fees)	Confirm Proof of Purchase Enclosed
912512015	50	\$ 10,10	\$ 525,22	X
$d = \ell$		\$	\$	
t = t		S	s	
1.1		s	\$	1

from after the opening of trading on September 26, 2013 (Inough September 7, 2018, (Must be documented.)

PURCHASES/ACQUISITIONS FROM SEPTEMBER 8, 2018 THROUGH DECEMBER 4, 2018 – State the total
number of shares of OPKO common stock traded on a U.S. exchange purchased or acquired (including free
receipts) from September 8, 2018 through the close of trading on December 4, 2018. If none, write "zero" or "0, "2

In the United States, OPKO common stock traded on the New York Stock Exchange from the beginning of the Class Period through June 23, 2016 and on the Nasdaq from June 24, 2016 through the end of the Class Period.

² Please note: Information requested with respect to your purchases and acquisitions of OPKO common stock traded on a U.S. exchange from September 8, 2018 through and including December 4, 2018 is needed in order to balance your claim. However, purchases during this period, or at or after 1:57 p.m. on September 7, 2018, are not eligible under the Settlement and will not be used for purposes of calculating your US Recognized Glaim pursuant to the Plan of Allocation.

 SALES FROM SEPT each and every sale of on a U.S. exchange t close of trading on De 				
Date of Sale ist Chronologically) (Month/Day/Year)	Number of Shares Sold	Sale Price Per Share	Total Sale Price (not deducting any fees, commissions, and taxes)	Confirm Proof of Sale Enclosed
11112016	50	\$ 8.50	\$ 425,00	X
1 1		S	S	
1 1		\$	\$	
1 7		\$	5	
December 4, 2018. (Enclosed
SCHEDULES IN	THE SAME FOR	MAT. PRINT THE	E SCHEDULE ABOVE, A BENEFICIAL OWNER'S FI	ULL NAME AND
SCHEDULES IN	THE SAME FOR	MAT. PRINT THE SECURITY/TAXPA	E SCHEDULE ABOVE, A BENEFICIAL OWNER'S FI AYER IDENTIFICATION NUN SCHEDULES, CHECK THIS	ULL NAME AND
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Questions? Visit <u>www.OPKOHealthSecuritiesLitigation.com</u> or call toll-free at 1-888-383-0345 To view JND's privacy policy, please visit https://www.jndla.com/privacy-policy

Case 1:18-cv-23786-JEM Document 134-4 Entered on FLSD Docket 11/19/2021 Page 33 of 70 PARTIV - RELEASE OF CLAIMS AND SIGNATURE

YOU MUST ALSO READ THE RELEASE AND CERTIFICATION BELOW AND SIGN ON PAGE 9 OF THIS CLAIM FORM.

I (we) hereby acknowledge that, pursuant to the terms set forth in the Stipulation, without further action by anyone, upon the Effective Date of the Settlement. I (we), on behalf of myself (ourselves) and my (our) (the claimant(s)') heirs, executors, administrators, predecessors, successors, and assigns, in their capacities as such, shall be deemed to have, and by operation of law and of the judgment shall have, fully, finally, and forever compromised, settled, released, resolved, relinquished, waived, and discharged each and every Released Plaintiffs' Claim (including, without limitation, any Unknown Claims) against the Defendants' Releases; and shall forever be barred and enjoined from prosecuting any or all of the Released Plaintiffs' Claims against any of the Defendants' Releasees.

CERTIFICATION

By signing and submitting this Claim Form, the claimant(s) or the person(s) who represent(s) the claimant(s) agree(s) to the release above and certifies (certify) as follows:

 thet I (we) have read and understand the contents of the Notice and this Claim Form, including the releases provided for in the Settlement and the terms of the Plan of Allocation;

2. that the claimant(s) is a (are) Settlement Class Member(s), 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(s) did not submit a request for exclusion from the Settlement Class;

4. that I (we) own(ed) the OPKO common slock identified in the Claim Form and have not assigned the claim against any of the Defendants or any of the other Defendants' Releasees to another, or that, in signing and submitting this 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 of OPKO common slock 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 (ulaimants') claim and for purposes of enforcing the releases set forth herein.

that I (we) agree to furnish such additional information with respect to this 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, and 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;

 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

Oriestions? Visit www.OPKOHealthSecuritiesLitigation.com or call toil-free at 1-888-383-0345. To view JND's privacy policy please visit https://www.jndia.com/privacy-policy

Case 1:18-cv-23786-JEM Document 134-4 Entered on FLSD Docket 11/19/2021 Page 34 of

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 (i) the claimant(s) is (are) exempt from backup withholding or (ii) the claimant(s) has (have) not been notified by the IRS that ne, she, or it is subject to backup withholding as a result of a failure to report all interest or dividends or (iii) 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 CLAIM FORM IS TRUE, CORRECT, AND COMPLETE, AND THAT THE DOCUMENTS SUBMITTED HEREWITH ARE TRUE AND CORRECT COPIES OF WHAT THEY PURPORT TO BE.

Signature of claimant			
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, distortian, etc. (Must provide evidence of authority to act on behalf of claimant - see § 12 on page 4 of this Claim Form.)

Questions? Visit www.OPKOHealthSecuritiesLitigation.com or call toll-free at 1-888-383-0345 To view JND's privacy policy, please visit https://www.jndla.com/privacy-policy Case 1:18-cv-23786-JEM Document 134-4 Entered on FLSD Docket 11/19/2021 Page 35 of 70

REMINDER CHECKLIST



 Sign the above release and certification. If this Claim Form is being made on behalf of joint claimants, then both must sign.

- Attach only copies of acceptable supporting documentation as these documents will not be returned to you.

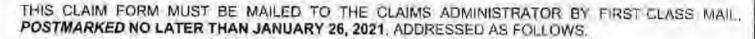


- Do not highlight any portion of the Claim Form or any supporting documents
- Keep copies of the completed Claim Form and documentation for your own records



- The Claims Administrator will acknowledge receipt of your Claim Form by mail, within 30 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 1-886-383-0345.
- If your address changes in the future, or if this 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, contact the Claims Administrator at the address below, by email at into@OPKOHealthSecuritiesLitigation.com, or by foil-free phone at 1-888-383-0345, or you may visit www.OPKOHealthSecuritiesLitigation.com. DO NOT call OPKO or its counsel with questions regarding your claim.





OPKO Health, Inc. Securities Litigation c/o JND Legal Administration P.O. Box 91360 Seattle, WA 98111

1-888-383-0345 www.OPKOHealthSecuritiesLitigation.com

A Claim Form received by the Claims Administrator shall be deemed to have been submitted when posted, if a postmark date on or before January 26, 2021 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.

You should be aware that it will take a significant amount of time to fully process all of the Claim Forms. Please be patient and notify the Claims Administrator of any change of address.

Questions? Visit www.OPKOHealthSacuritiesLitigation.com or call toll-free at 1-888-383-0345 To view JND's privacy policy, please visit https://www.jndla.com/privacy-policy



PAGE 1 OF 11

September 1, 2015 - September 30, 2015 Account Number: JOINT Account Type:

Account Status:

Pro Elite

E*TRADE Securities LLC

P.O. Box 484 Jersey City NJ 07303-0484 1-800-ETRADE-1 (1-800-387-2331) etrade.com Member FINRA/SIPC

Customer Update:

Looking for Bond Ideas? E*TRADE Can Help.

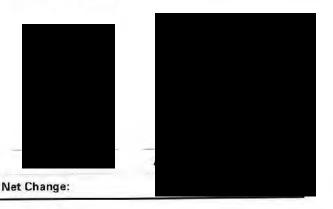
Our Fixed Income Representatives can analyze your portfolio. explain the benefits and risks of bond investing, and help you decide the role Bonds and CDs may play in your portfolio. Call 1-866-420-0007 for complimentary guidance today.

IMPORTANT INFORMATION

Update your web browser today! Still using Microsoft Internet Explorer 8? In order to provide a more consistent browsing experience and greater data security, E*TRADE is ending support for IE 8. To take advantage of everything etrade.com has offer, please update your browser now!



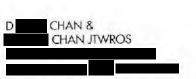
Account At A Glance





		DETACH HERE
Use This Deposit Slip	Acct:	
Please do not send cash		
	Dollars	Cents
TOTAL DEPOSIT		
		Please do not send cash Dollars

E*TRADE CLEARING LLC P.O. Box 484 Jersey City, NJ 07303-0484



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Statement Period : September 1, 2015 - September 30, 2015

Account Type: JOINT

Direct your service and investment questions to: Elite Client Service

Customer Update:

Bet your next statement via Einstroms Delivery Enrollment only takes a few seconds and you can access your statements online for 7 years. Visit etrade.com/preferences to learn more.

ACCOUNT OVERVIEW



ASSET ALLOCATION (AS OF 09/30/15)



Securities products and services are offered by E*TRADE Securities LLC, Member FINRA/SIPC. Sweep Deposit Account is a bank deposit account with E*TRADE Bank, a Federal savings bank. Member FDIC. Sweep deposit accounts at each bank are FDIC-insured up to a maximum of \$250,000. Securities products and cash balances other than Sweep Deposit Account funds are not FDIC-insured, are not guaranteed deposits or obligations of E*TRADE Bank, and are subject to investment risk, including possible loss of the principal invested.

E*TRADE Securities LLC + PO Box 484, Jersey City, NJ 07303-0484 • www.etrade.com • 1-B00-ETRADE-1 (1-B00-387-2331) • Meinbeir FINRA/SIPC



Account Number Statement Period : September 1, 2015 - September 30, 2015 AccOUNT HOLDINGS CASH & CASH EQUIVALENTS Holdings DESCRIPTION PORTFOLIO % STOCKS, OPTIONS & EXCHANGE-TRADED FUNDS Of Holdings) DESCRIPTION SYMBOL: ACCT OUANTITY PRICE TOTAL MRT PORTFOLIO EST. ANNUAL CUSIP		Page 40 of	Pro Elite	SD Docket 1 E *TRADE Investment	Entered on El	Document 134-4	23786-JEM DE A L Banking	* TRAD	E F Tradi
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Statement Period : September 1, 2015 - September 30, 2015

Account Type: JOINT

STOCKS, OPTIONS & EXCHANGE-TRADED FUNDS (Continued)

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TRANSACTION HISTORY

SECURITIES PURCHASED OR SOLD

RADE	SETTLEMENT DATE	DESCRIPTION	SYMBOL/ CUSIP	TRANSACTION TYPE	QUANTITY	PRICE	AMOUNT PURCHASED	AMOUN SOLE
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		DESCRIPTION	SYMBOL/ CUSIP	TRANSACTION	QUANTITY	PRICE	AMOUNT	AMOUNT

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OTHER	ACTIVITY			TRANSACTION TYPE	QUANTITY	PRICE	AMOUNT	AMOUNT

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FINANCIAL Trading · Investing · Banking			Docket 11/19/2021 E*TRADE Pro Elite Investment Account		
Account Number: Stater	ment Period ; September 1,	2015 - September 3	80, 2015	49	Account Type: JOINT
OTHER ACTIVITY (Continued) DATE DESCRIPTION SYMBOL/ CUSIP	TRANSACTION TYPE	QUANTITY	PRICE	AMOUNT DEBITED	AMOUNT CREDITED



er:

Statement Period : September 1, 2015 - September 30, 2015

Account Type: JOINT

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MONEY FUND ACTIVITY (Continued)

Case 1:18-cv-23786-JEM Document 134-4 Entered on FLSD Docket 11/19/2021 Page 47 of 70

PAGE 1 OF 13

January 1, 2016 - January 31, 2016 Account Number: JOINT Account Type: Account Status: **Pro Elite**

Customer Update:

D

2015 Tax Documents will be available by February 16, 2016

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E*TRADE Securities LLC P.O. Box 484

Jersey City,NJ 07303-0484 1-800-ETRADE-1 (1-800-387-2331) etrade.com Member FINRA/SIPC

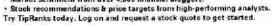
E*TRADE Pro Elite Investment Account

IMPORTANT INFORMATION

New on etrade.com: TipBanks

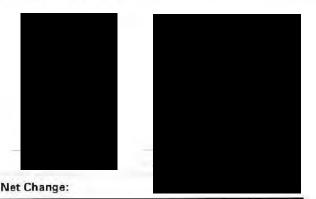
Get access to · Consensus buy/sell recommendations from over 3,700 analysts.

- Market sentiment from over 4,500 financial bloggers.





Account At A Glance





DETACH HERE CHAN & CHAN JTWROS	Use This Deposit Slip	Acct:	DETACH HER
	Please do not send cash		
Make checks payable to E*TRADE Clearing LLC.		Dollars	Cents
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Mail deposits to:	TOTAL DEPOSIT		

E*TRADE CLEARING LLC P.O. Box 484 Jersey City, NJ 07303-0484 Descent to the PTROSE book of the second scale event is spont when one of the second scale of the second scale event is an event of the second scale event of the second scale

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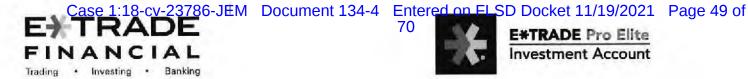
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E#TRADE Pro Elite Investment Account





E*TRADE Pro Elite Investment Account

Account Number:

Statement Period : January 1, 2016 - January 31, 2016

Account Type: JOINT

Direct your service and investment questions to: Elite Client Service

Customer Update:

Looking forward to tax time? We didn't think so. But at least the E*TRADE Tax Center makes it a little easier, Get helpful tips, tools, and key dates at etrade.com/tax.

ACCOUNT OVERVIEW



ASSET ALLOCATION (AS OF 01/31/16)



Securities products and services are offered by E*TRADE Securities LLC, Member FINRA/SIPC. Sweep Deposit Account is a bank deposit account with E*TRADE Bank, a Federal savings bank, Member FDIC. Sweep deposit accounts at each bank are FDIC-insured up to a maximum of \$250,000. Securities products and cash balances other than Sweep Deposit Account funds are not FDIC-insured, are not guaranteed deposits or obligations of E*TRADE Bank, and are subject to investment risk, including possible loss of the principal invested.

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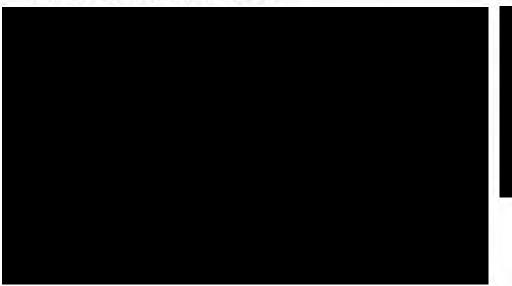


Statement Period : January 1, 2016 - January 31, 2016

ACCOUNT TRANSACTION SUMMARY

Account Type: JOINT

NET ACCOUNT VALUE BY MONTH END



TOP 10 ACCOUNT HOLDINGS (AS OF 01/31/16)







Statement Period : January 1, 2016 - January 31, 2016

Account Type: JOINT

STOCKS, OPTIONS & EXCHANGE-TRADED FUNDS (Continued)

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Statement Period : January 1, 2016 - January 31, 2016

Account Type: JOINT

STOCKS, OPTIONS & EXCHANGE-TRADED FUNDS (Continued)

DESCRIPTION	SYMBOL/ CUSIP	ACCT	QUANTITY	PRICE	TOTAL MKT VALUE	PORTFOLIO (%)	EST. ANNUAL INCOME	EST. ANNUA YIELD (%

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ccount Number.		Statement Period : January 1,	2016 - January 31, 2016	Ac	count Type: JOIN
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PAGE 10 OF 13

E) TRACE FINANCI Trading Investing		ument 134-4 Er 7(Docket 11/19/20 E *TRADE Pro Eli nvestment Accou		
Account Number:	Stateme	ent Period: January 1, 20)16 - January 31, 2016		Ac	count Type: JOINT
OTHER ACTIVITY (Continued) DATE DESCRIPTION	SYMBOL/ CUSIP	TRANSACTION TYPE	QUANTITY	PRICE	AMOUNT DEBITED	AMOUNT



Statement Period : January 1, 2016 - January 31, 2016

Account Type: JOINT

OTHER ACTIVITY (Continued)



PAGE 12 OF 13



Statement Period : January 1, 2016 - January 31, 2016

Account Type: JOINT

MONEY FUND ACTIVITY (Continued)

Case 1:18-cv-23786-JEM Document 134-4 Entered on FLSD Docket 11/19/2021 Page 60 of

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OPKOHEALTH, INC SEURITIES LITIGAT, ON c/0JND LEGALADMINISTRATION P.O. BOX 91360 NOV 302020 SEATTLE, WA 98111



OPKO Health Securities Litigation c/o JND Legal Administration P.O. Box 91360 Seattle, WA, 98111

Email: info@OPKOHealthSecuritiesLitigation.com Toll-Free Number: 1-888-383-0345 Settlement Website: www.OPKOHealthSecuritiesLitigation.com



Mailing Date: 1/26/2021 Response Due Date: 02/15/2021

Claim ID: DHSTQB2RGX

Eligible Security: OPKO common stock

Class Period: Between September 26, 2013, and September 7, 2018, inclusive

NOTICE OF DEFICIENT/INELIGIBLE CLAIM SUBMISSION

Dear Claimant:

We received and processed the Proof of Claim and Release ("Claim Form" or "Proof of Claim Form") you submitted for payment from the US Net Settlement Fund in the above-referenced securities litigation settlement. We have determined, based on our review of your Claim, that the Claim is deficient or ineligible for the reason(s) identified below. In order to resolve the deficiency or ineligibility, you must submit a written response with any required documentation as specified below postmarked no later than the response due date printed at the top of this notice. Please include a copy of this notice with your response. If you fail to respond by the response due date set forth above, or if your response fails to cure the condition(s) identified below, this Claim will be rejected to the extent that any condition remains uncured. This is the only notice you will receive with respect to this Claim.

Reason for deficiency/ineligibility (Please see below for explanation):

CLAIM DOES NOT CALCULATE TO A US RECOGNIZED CLAIM UNDER THE PLAN OF ALLOCATION



Explanation of Claim Deficiency/Ineligibility:

CLAIM DOES NOT CALCULATE TO A US RECOGNIZED CLAIM UNDER THE PLAN OF ALLOCATION

In accordance with the Plan of Allocation set forth in the Notice of (I) Pendency of Class Action and Proposed Settlement; (II) Settlement Fairness Hearing; and (III) Motion for Attorneys' Fees and Litigation Expenses, the Claim referenced above does not calculate to a US Recognized Claim and is, therefore, ineligible to receive a payment from the US Net Settlement Fund.

How To Fix:

You can resolve this condition of ineligibility only by submitting additional purchase transactions of OPKO common stock during the Class Period, i.e., from September 26, 2016, through September 7, 2018, inclusive, that were traded on a U.S. exchange, including the NYSE or Nasdaq, or in any other manner other than through a purchase on the Tel Aviv Stock Exchange; that were not previously reflected in your Claim; and which make your Claim calculate to a US Recognized Claim. You must also support any additional transactions with acceptable documentation.

Acceptable documentation includes securities brokers' confirmation slips, monthand year-end account statements, or similar documentation. Self-generated documents are not acceptable.

Case 1:18-cv-23786-JEM Document 134-4 Entered on FLSD Docket 11/19/2021 Page 63 of LEGAL 70 ADMINISTRATION Claim ID: DHSTQB2RGX

Please note that even if you cure all noted deficiencies, your Claim must then calculate to a US Recognized Claim under the Court-approved Plan of Allocation in order to be included in the list of eligible Claims presented to the Court for approval. If you disagree with the conditions identified in this notice, you may contact us for assistance and/or request Court review of our administrative determination regarding your Claim.

To request Court review, you must send a letter to the Claims Administrator at the address indicated above no later than the response deadline set forth above. Your letter, which must be signed, must: (1) specifically state that you "request that the Court review the full or partial rejection of your Claim"; (2) state your argument(s) for why you are contesting the full or partial rejection of the Claim; and (3) include any and all documentation supporting your argument(s). A copy of this letter must be included with your request for Court review.

PLEASE NOTE: COURT REVIEW SHOULD ONLY BE SOUGHT IF YOU DISAGREE WITH THE CLAIMS ADMINISTRATOR'S DETERMINATION REGARDING YOUR CLAIM. IF YOU REQUEST COURT REVIEW, YOUR CLAIM AND THE SUPPORTING DOCUMENTATION WILL BE SUBMITTED TO THE COURT FOR CONSIDERATION AND WILL BECOME PART OF THE PUBLIC RECORD. FINANCIAL ACCOUNT NUMBERS AND CERTAIN OTHER PERSONAL INFORMATION PROVIDED ON YOUR CLAIM FORM AND THE SUPPORTING DOCUMENTATION WILL BE REDACTED TO PROTECT YOUR PRIVACY.

If you have any questions about this notice or any noted deficiency, or if you want to confirm the status of your Claim after you submit a response to this notice, please contact us at the telephone number or email address noted above.

Sincerely,

JND Legal Administration

Case 1:18-cv-23786-JEM Document 134-4 Entered on FLSD Docket 11/19/2021 Page 64 of 70

OPKO Health Securities Litigation c/o JND Legal Administration P.O. Box 91360 Seattle, WA 98111

FEB 0 9 2021

RE: Request that the Court review the full or partial rejection of the Claim

February 4, 2021

Dear Claims Administrator:

Enclosed are trade confirmations that showed the following:

- 9/25/2015: Purchased 50 shares of OPK at \$10.10
- 1/11/2016: Sold 50 shares of OPK at \$8.50

These trades are within the Class Period: September 26, 2013 and September 7, 2018, inclusive specified.

I would ask the Court to reconsider. Thank you for your assistance.

Sincerely, C Claim ID: DHSTQB2RGX

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TRADE DATE	SETL DATE	MKT / CPT	SYMBOL / CUSIP	BUY/ SELL	QUANTITY	PRICE	ACCT TYPE		
09/25/15 OPKO HE	09/30/15 ALTH INC	61	ОРК	BUY	50	\$10.10	Cash	PRINCIPAL COMMISSION ECN FEE NET AMOUNT	\$505.00 \$9.99 \$0.25 \$515.24

DETACH HERE D CHAN & CHAN JTWROS	Use This Deposit Slip	Acct:	DETACH HERE
	Please do not send cash	Dollars	Cents
Make checks payable to E*TRADE Clearing LLC. Mail deposits to:			
E*TRADE CLEARING LLC PO Box 484 Jersey City, NJ 07303-0484	TOTAL DEPOSIT		

Case 1:18-cv-23786-JEM Document 134-4 Entered on FLSD Docket 11/19/2021 Page 66 of

E*TRADE FINANCIAL Trading . Investing . Banking

Terms and Conditions

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Email: <u>info@OPKOHealthSecuitiesLitigation.com</u> Toll-Free Number: 1-888-383-0345 Settlement Website: www.OPKOHealthSecuritiesLitigation.com



Mailing Date: 03/11/2021

Claim ID: DHSTQB2RGX

Dear Mr. Chan,

We are in receipt of your request for the Court to review the determination of your claim and further review the claim. In this letter, you will find a complete explanation of the determination of your claim.

Upon reviewing the Claim, we identified 50 shares of OPKO Common Stock purchased on September 25, 2015. Those 50 shares were sold on January 11, 2016.

As stated in the Notice, all Claims are calculated in accordance with the Court Approved Plan of Allocation, beginning on page 19 of the Notice. In order to have a Recognized Loss Amount under the Plan of Allocation, a Settlement Class Member who or which purchased or otherwise acquired OPKO Common stock prior to the first corrective disclosure on September 7, 2018 at 1:57 p.m., must have held his, her, or its shares through at least the 1:57 p.m. on September 7, 2018. See Plan \P 8(a) (at page 21 of Notice).

Because your 50 shares purchased on September 25, 2015, were sold on January 11, 2016, which was prior to the first corrective disclosure date of September 7, 2018 at 1:57 p.m., the claim did not calculate to a Recognized Loss.

We hope this explanation for the reason of the rejection of your claim is satisfactory to you. If you are satisfied and you would like to withdraw your request for the Court to review the determination of the Claim (or if you have any further questions regarding the determination), please call us at 1-855-383-0345 and/or email us at info@OPKOHealthSecuritiesLitigation.com by March 25, 2021.

Sincerely,

JND Legal Administration