

Must be Received
No Later Than
June 7, 2010

In re Seragen Securities Litigation II
c/o The Garden City Group, Inc.
Claims Administrator
P.O. Box 9595
Dublin, OH 43017-4895
1-888-281-2470



PROOF OF CLAIM AND RELEASE

PART I: CLAIMANT IDENTIFICATION:

Claim Number: _____ Control Number: _____

WRITE ANY NAME AND ADDRESS CORRECTIONS BELOW OR IF THERE IS NO PREPRINTED DATA TO THE LEFT, YOU MUST PROVIDE YOUR FULL NAME AND ADDRESS HERE:
Full name:
Address:
City:
State/Country:
Zip Code:

IF THE ABOVE AREA IS BLANK, YOU MUST ENTER YOUR FULL NAME AND ADDRESS HERE →

Please fill in Social Security Number/
Taxpayer ID Number if box is blank:

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Daytime Telephone Number: ()

Evening Telephone Number: ()

Identity of Claimant: (Complete only the applicable portions)

<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership
<input type="checkbox"/> Joint Owners	<input type="checkbox"/> Decedent's Estate Claimant
<input type="checkbox"/> Corporation	<input type="checkbox"/> Custodial/Guardian Claimant
<input type="checkbox"/> IRA, Keogh, 401K or other type of Retirement Plan:	
_____ (specify type of plan)	
<input type="checkbox"/> Other _____	

PART II: GENERAL INSTRUCTIONS

IF YOU OWNED SHARES OF THE COMMON STOCK OF SERAGEN, INC. ON **AUGUST 12, 1998**, OR ARE THE LEGAL REPRESENTATIVE (E.G., HEIR, SUCCESSOR IN INTEREST, ASSIGNEE OR TRANSFEREE, IMMEDIATE OR REMOTE) OF SUCH A SHAREHOLDER, THEN YOU MAY BE ENTITLED TO SHARE IN THE SETTLEMENT FUND. IF YOU MADE A VALID CLAIM TO THE PRIOR SETTLEMENT FUND IN THIS LITIGATION AND WERE PAID SETTLEMENT FUNDS AS A HOLDER OF SHARES OF SERAGEN COMMON STOCK ON **AUGUST 12, 1998**, THE NUMBER OF SHARES SET FORTH IN A CLAIM CONFIRMATION FORM MAILED TO YOU AT THE ADDRESS SET FORTH IN YOUR PRIOR CLAIM FORM SHOULD REPRESENT THE NUMBER OF SHARES OF SERAGEN COMMON STOCK YOU HELD ON **AUGUST 12, 1998**, AND, IF YOU AGREE WITH THAT NUMBER OF SHARES, YOU NEED NOT SUBMIT AN ADDITIONAL PROOF OF CLAIM WITH SUPPORTING DOCUMENTATION FOR THOSE SHARES. YOUR PRIOR APPROVED CLAIM AND RELEASE IN THIS LITIGATION WILL BE DEEMED EFFECTIVE FOR THE NUMBER OF PREVIOUSLY APPROVED SHARES HELD ON **AUGUST 12, 1998** AS TO THIS SETTLEMENT FUND AND AS SET FORTH IN THE CLAIM CONFIRMATION FORM ITSELF. YOU MUST, HOWEVER, SIGN AND RETURN THE CLAIM CONFIRMATION, AND (IF NECESSARY) PROVIDE YOUR CURRENT OR CORRECTED CONTACT AND MAILING INFORMATION. IF YOU MADE A VALID CLAIM TO THE PRIOR SETTLEMENT FUND IN THIS LITIGATION AND WERE PAID SETTLEMENT FUNDS AS A HOLDER OF SHARES OF SERAGEN COMMON STOCK ON **AUGUST 12, 1998** BUT YOU DID NOT RECEIVE A CLAIM CONFIRMATION FORM SETTING FORTH THE AMOUNT OF YOUR APPROVED CLAIM (IF, FOR EXAMPLE, YOUR ADDRESS HAS CHANGED), PLEASE CONTACT THE CLAIMS ADMINISTRATOR AT THE ADDRESS BELOW TO OBTAIN A COPY OF YOUR CLAIM CONFIRMATION FORM. IF YOU DO NOT WISH TO PARTICIPATE IN THIS SETTLEMENT FUND AND TO HAVE YOUR PRIOR CLAIM AND RELEASE DEEMED EFFECTIVE AS TO THIS FUND, YOU HAVE THE RIGHT TO OBJECT AS SET FORTH IN THE NOTICE OF PENDENCY. IF YOU DID NOT MAKE A CLAIM IN CONNECTION WITH THE PRIOR PARTIAL SETTLEMENT OF THIS LITIGATION OR IF YOUR CLAIM WAS REJECTED IN WHOLE OR IN PART FOR ANY REASON, THEN YOU MUST COMPLETE AND RETURN THIS FORM PER THE INSTRUCTIONS IN ORDER TO PARTICIPATE IN THE SETTLEMENT FUND.



IF YOU DO NOT HAVE A PRE-APPROVED CLAIM FROM THE PRIOR PARTIAL SETTLEMENT OR IF YOU BELIEVE THAT YOU ARE ENTITLED TO CREDIT FOR MORE SHARES THAN YOU RECEIVED IN THE PRIOR PARTIAL SETTLEMENT, WHICH NUMBER OF SHARES IS SET FORTH IN THE CLAIM CONFIRMATION FORM, IN ORDER TO RECEIVE A SHARE OF THE SETTLEMENT FUND PER ABOVE OR TO GET CREDIT FOR ADDITIONAL SHARES ABOVE THOSE FOR WHICH YOUR CLAIM WAS RECOGNIZED IN THE PRIOR PARTIAL SETTLEMENT, YOU MUST COMPLETE PARTS I, III, VI & VII, AND SIGN THIS PROOF OF CLAIM FORM AND MAIL IT BY PRE-PAID, FIRST CLASS MAIL, SO THAT IT IS RECEIVED NO LATER THAN JUNE 7, 2010 TO THE FOLLOWING ADDRESS:

In re Seragen Securities Litigation II
 c/o The Garden City Group, Inc.
 Claims Administrator
 P.O. Box 9595
 Dublin, OH 43017-4895

FAILURE TO SUBMIT YOUR CLAIM SO THAT IT IS RECEIVED BY JUNE 7, 2010 WILL SUBJECT YOUR CLAIM TO REJECTION AND PRECLUDE YOU FROM RECEIVING ANY MONEY IN CONNECTION WITH THE SETTLEMENT OF THIS ACTION. DO NOT MAIL OR DELIVER YOUR CLAIM TO THE COURT OR ANY PARTIES OR THEIR COUNSEL, AS ANY SUCH CLAIM WILL BE DEEMED AS NOT HAVING BEEN SUBMITTED. SUBMIT YOUR CLAIM ONLY TO THE CLAIMS ADMINISTRATOR.

PART III: STATEMENT OF CLAIMANT

By signing and submitting this Proof of Claim and Release, the Claimant or the person who represents the Claimant certifies as follows:

1. Claimant owned shares of the common stock of Seragen, Inc. or is a representative (e.g., heir, successor in interest, assignee or transferee, immediate or remote) of a person or entity herewith who owned shares of the common stock of Seragen, Inc.
2. Claimant is not acting for any of the present or former defendants in the action captioned Sergio M. Oliver, et al. v. Boston University, et al., Civil Action No. 16570 (the "Action") pending in the Court of Chancery of the State of Delaware in and for New Castle County, or any entity in which any such present or former defendant has a controlling interest (individually or collectively), or the legal representative, heir, successor or assignor of any such present or former defendant, or the "affiliate" or "associate" (as those terms are defined in Rule 12b-2 promulgated pursuant to the Securities and Exchange Act of 1934 or in the Notice of Pendency) of any such present or former defendant.
3. By submitting this Proof of Claim, Claimant states that Claimant believes in good faith that Claimant is a Class Member as defined above and in the Notice of Pendency of Class Action, Proposed Settlement of Class Action, Settlement Hearing and Right To Appear (the "Notice"), or is acting for such person; that Claimant has read and understands the Notice; and that Claimant believes that Claimant is entitled to receive a share of the Net Settlement Fund.
4. Claimant has provided all requested information in items 8 and 9 below with respect to Claimant's holdings of Seragen, Inc. common stock.
5. **Claimant has enclosed photocopies of the stockbroker confirmation slips, stockbroker statements, relevant portions of tax returns or other documents evidencing Claimant's holdings of Seragen, Inc. common stock listed below in support of Claimant's claim.** IF YOU HAVE NO DOCUMENTS TO SUPPORT YOUR CLAIM, PLEASE OBTAIN A COPY OR EQUIVALENT DOCUMENTS FROM YOUR BROKER OR TAX ADVISOR BECAUSE DOCUMENTARY PROOF OF STOCK OWNERSHIP IS NECESSARY TO PROVE AND PROCESS YOUR CLAIM.
6. Claimant understands that the information contained in this Proof of Claim is subject to such verification as the Court may direct, and Claimant agrees to cooperate in any such verification.
7. By submitting this Proof of Claim, the undersigned and any person or entity on whose behalf the undersigned is acting, submits to the jurisdiction of the Court of Chancery of the State of Delaware in and for New Castle County.
8. Number of shares of Seragen, Inc. common stock held as of **August 12, 1998:**

PART IV: DOCUMENTATION

9. YOU MUST SEND WITH THIS FORM COPIES OF DOCUMENTS, SUCH AS ACCOUNT STATEMENTS, BROKER CONFIRMATION SLIPS OR PORTIONS OF TAX RETURNS, EVIDENCING THAT THE CLAIMANT OWNED COMMON STOCK SHARES OF SERAGEN, INC. ON **AUGUST 12, 1998.**

PART V: RELEASE

10. By completing and returning this Proof of Claim, I (we) hereby expressly acknowledge that all Settled Claims against any and all Released Parties are hereby settled, released and dismissed.



PART VI: SUBSTITUTE FORM W-9 REQUEST FOR TAXPAYER IDENTIFICATION NUMBER

11. Enter your taxpayer identification number below. For most individuals, this is your Social Security Number. The U.S. Internal Revenue Service requires your taxpayer identification number. If you fail to furnish your correct taxpayer identification number, or your Social Security Number, your claim may be rejected.

Social Security Number (for individuals)

or

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

PART VII: CERTIFICATION

12. UNDER THE PENALTIES OF PERJURY, I (WE) CERTIFY THAT ALL OF THE INFORMATION PROVIDED ON THIS FORM IS TRUE, CORRECT AND COMPLETE.

I (We) certify that I am (we are) NOT subject to backup withholding under the provisions of Section 3406 (a)(1)(c) of the Internal Revenue Code because: (a) I am (we are) exempt from backup withholding; (b) I (we) have not been notified by the I.R.S. that I am (we are) subject to backup withholding as a result of a failure to report all interest or dividends; or (c) the I.R.S. has notified me (us) that I am (we are) no longer subject to backup withholding.

NOTE: If you have been notified by the I.R.S. that you are subject to backup withholding, please strike out the language that you are "NOT subject to backup withholding" in the certification above.

I (we) certify that, if I am (we are) acting as the representative for a Class Member, I am (we are) currently authorized to act on behalf of the Class Member.

Signature of Claimant

Date

Signature of Joint Claimant, if any

IMPORTANT: IF THIS CLAIM IS ON BEHALF OF JOINT OWNERS, ALL JOINT OWNERS MUST SIGN

If Claimant is other than an individual, or is not the person completing this form, evidence of such person's current authority to act on behalf of the Class Member must be submitted with this Proof of Claim. Please provide:

Signature of Person Completing Form

Capacity of Person Signing (e.g., Executor, President, Trustee, etc.)

Please Note: A Proof of Claim received by the Claims Administrator shall be deemed to have been submitted for receipt by the Claims Administrator on or before June 7, 2010 when that Proof of Claim is posted, if mailed by June 6, 2010, if a postmark is indicated on the envelope, if it is mailed first class mail postage prepaid (or more expedient means, such as overnight delivery), and addressed in accordance with the above instructions, provided such Proof of Claim is actually received prior to the filing of a motion for an order of the Court approving distribution of the Net Settlement Fund. In all other cases, a Proof of Claim shall be deemed to have been submitted when actually received at the designated address.

No acknowledgment is required to be made as to the receipt of claim forms. If you wish to be assured that your Claim Confirmation is actually received by the Claims Administrator, then you should send it by Certified Mail, Return Receipt Requested. You should be aware that it will take a significant amount of time to fully process all of the Claim Confirmation and Proof of Claim forms and to administer the Settlement. This work will be completed as promptly as time permits, given the need to investigate and tabulate each Claim Confirmation and Proof of Claim. Please notify the Claims Administrator of any change of address.



**ACCURATE CLAIM PROCESSING TAKES TIME.
THANK YOU FOR YOUR PATIENCE.**

REMINDER CHECKLIST

1. Please sign the Certification Section of the Claim Confirmation or Proof of Claim and Release form.
2. If this claim is made on behalf of joint claimants, then both must sign.
3. Please remember to attach supporting documents for a Proof of Claim form.
4. **DO NOT SEND ORIGINALS OF ANY SUPPORTING DOCUMENTS.**
5. If you desire an acknowledgment of receipt of your claim form, please send it Certified Mail, Return Receipt Requested.
6. Keep a copy of your Claim Confirmation or Proof of Claim and Release form and all documentation submitted for your records.
7. If you move, please send us your new address.
8. Do not use highlighter on the Claim Confirmation or Proof of Claim and Release form or supporting documentation.

**YOUR CLAIM CONFIRMATION OR PROOF OF CLAIM MUST BE RECEIVED NO LATER THAN
JUNE 7, 2010 AND MUST BE MAILED TO:**

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