

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLORADO**

Civil Action No. 04-cv-01030-WDM-CBS

NOBLE ASSET MANAGEMENT LLC, on behalf of itself and all others similarly situated,

Plaintiff,

v.

ALLOS THERAPEUTICS, INC. and MICHAEL E. HART,

Defendants.

PROOF OF CLAIM AND RELEASE

DEADLINE FOR SUBMISSION: **FEBRUARY 5, 2009.**

IF YOU PURCHASED THE COMMON STOCK OF ALLOS THERAPEUTICS, INC. ("ALLOS") BETWEEN MAY 29, 2003 AND APRIL 29, 2004, INCLUSIVE ("CLASS PERIOD"), AND WERE DAMAGED THEREBY, YOU ARE A "CLASS MEMBER" AND YOU MAY BE ENTITLED TO SHARE IN THE SETTLEMENT PROCEEDS.

EXCLUDED FROM THE CLASS ARE THE DEFENDANTS IN THE ACTION, THE OFFICERS AND DIRECTORS OF ALLOS AT ALL RELEVANT TIMES, MEMBERS OF THEIR IMMEDIATE FAMILIES (PARENTS, SPOUSES, SIBLINGS, AND CHILDREN) AND THEIR LEGAL REPRESENTATIVES, HEIRS, SUCCESSORS OR ASSIGNS AND ANY ENTITY IN WHICH DEFENDANTS HAVE OR HAD A CONTROLLING INTEREST.

IF YOU ARE A CLASS MEMBER, YOU MUST COMPLETE AND SUBMIT THIS FORM IN ORDER TO BE ELIGIBLE FOR ANY SETTLEMENT BENEFITS.

YOU MUST COMPLETE AND SIGN THIS PROOF OF CLAIM AND MAIL IT BY FIRST CLASS MAIL, POSTMARKED NO LATER THAN **FEBRUARY 5, 2009** TO THE FOLLOWING ADDRESS:

Allos Therapeutics Securities Litigation Settlement
c/o Gilardi & Co. LLC
P.O. Box 5100
Larkspur, California 94977-5100

YOUR FAILURE TO SUBMIT YOUR CLAIM BY **FEBRUARY 5, 2009** WILL SUBJECT YOUR CLAIM TO REJECTION AND PRECLUDE YOUR RECEIVING ANY MONEY IN CONNECTION WITH THE SETTLEMENT OF THIS LITIGATION. DO NOT MAIL OR DELIVER YOUR CLAIM TO THE COURT OR TO ANY OF THE PARTIES OR THEIR COUNSEL AS ANY SUCH CLAIM WILL BE DEEMED NOT TO HAVE BEEN SUBMITTED. SUBMIT YOUR CLAIM ONLY TO THE CLAIMS ADMINISTRATOR.

CLAIMANT'S STATEMENT

1. I affirm that I purchased the common stock of Allos between May 29, 2003 and April 29, 2004, inclusive. (Do not submit this Proof of Claim if you did not purchase Allos common stock during this period).

2. By submitting this Proof of Claim, I state that I believe in good faith that I am a Class Member as defined above and in the Notice of Pendency of Class Action and Proposed Settlement, Motion for Attorneys' Fees and Settlement Fairness Hearing (the "Notice"), or am acting for such person; that I am not a Defendant in the Action or anyone excluded from the Class; that I have read and understand the Notice; that I believe that I am entitled to receive a share of the Net Settlement Fund; that I elect to participate in the proposed Settlement described in the Notice; and that I have not filed a request for exclusion. (If you are acting in a representative capacity on behalf of a Class Member (e.g., as an executor, administrator, trustee, or other representative), you must submit evidence of your current authority to act on behalf of that Class Member. Such evidence would include, for example, letters testamentary, letters of administration, or a copy of the trust documents.)

3. I consent to the jurisdiction of the Court with respect to all questions concerning the validity of this Proof of Claim. I understand and agree that my claim may be subject to investigation and discovery under the Federal Rules of Civil Procedure, provided that such investigation and discovery shall be limited to my status as a Class Member and the validity and amount of my claim. No discovery shall be allowed on the merits of the Action or Settlement in connection with processing of the Proofs of Claim.

4. I have set forth where requested below all relevant information with respect to each purchase of Allos common stock during the Class Period, and each sale, if any, of such securities. I agree to furnish additional information (including transactions in other Allos securities) to the Claims Administrator to support this claim if requested to do so.

5. I have enclosed photocopies of the stockbroker's confirmation slips, stockbroker's statements, or other documents evidencing each purchase, sale or retention of Allos common stock listed below in support of my claim. (IF ANY SUCH DOCUMENTS ARE NOT IN YOUR POSSESSION, PLEASE OBTAIN A COPY OR EQUIVALENT DOCUMENTS FROM YOUR BROKER BECAUSE THESE DOCUMENTS ARE NECESSARY TO PROVE AND PROCESS YOUR CLAIM.)

6. I understand that the information contained in this Proof of Claim is subject to such verification as the Claims Administrator may request or as the Court may direct, and I agree to cooperate in any such verification. (The information requested herein is designed to provide the minimum amount of information necessary to process most simple claims. The Claims Administrator may request additional information as required to efficiently and reliably calculate your Recognized Claim. In some cases the Claims Administrator may condition acceptance of the claim based upon the production of additional information, including, where applicable, information concerning transactions in any derivatives of the subject securities such as options.)

7. Upon the occurrence of the Effective Date my signature hereto will constitute a full and complete release, remise and discharge by me and my heirs, executors, administrators, predecessors, successors, and assigns (or, if I am submitting this Proof of Claim on behalf of a corporation, a partnership, estate or one or more other persons, by it, him, her or them, and by its, his, her or their heirs, executors, administrators, predecessors, successors, and assigns) of each of the "Released Parties" of all "Settled Claims," as defined in the Notice.

8. I (we) warrant and represent that I (we) have not assigned or transferred or purported to assign or transfer, voluntarily or involuntarily, any Settled Claims.

9. NOTICE REGARDING ELECTRONIC FILES: Certain claimants with large numbers of transactions may request, or may be requested, to submit information regarding their transactions in electronic files. All Claimants MUST submit a manually signed paper Proof of Claim form listing all their transactions whether or not they also submit electronic copies. If you wish to file your claim electronically, you must contact the Claims Administrator at 1-(800) 447-7657 or visit their website at **www.gilardi.com** to obtain the required file layout. No electronic files will be considered to have been properly submitted unless the Claims Administrator issues to the Claimant a written acknowledgment of receipt and acceptance of electronically submitted data.

PART II. SCHEDULE OF TRANSACTIONS IN ALLOS COMMON STOCK

A. Number of shares of Allos common stock held at the close of business on May 28, 2003 (If none, write "zero" or "0") (If other than zero, must be documented) Proof of Holding Enclosed? Y N

[] [] [] [] [] [] [] [] [] []

B. I made the following purchases of Allos common stock during the period May 29, 2003 through and including July 29, 2004 (Persons who received Allos common stock during the Class Period other than by purchase are not eligible to submit claims for those transactions.) (Must be documented):

PURCHASES							
	Trade Date(s) of Shares (List Chronologically)	Number of Shares of Common Stock Purchased	Aggregate Cost (including commissions, taxes, and fees)				Proof of Purchase Enclosed?
	M M / D D / Y Y Y Y		\$				<input type="radio"/> Y <input type="radio"/> N
1.	[] [] / [] [] / [] [] [] []	[] [] [] [] [] [] [] [] [] []	\$ [] [] [] [] [] [] [] [] [] []				<input type="radio"/> Y <input type="radio"/> N
2.	[] [] / [] [] / [] [] [] []	[] [] [] [] [] [] [] [] [] []	\$ [] [] [] [] [] [] [] [] [] []				<input type="radio"/> Y <input type="radio"/> N
3.	[] [] / [] [] / [] [] [] []	[] [] [] [] [] [] [] [] [] []	\$ [] [] [] [] [] [] [] [] [] []				<input type="radio"/> Y <input type="radio"/> N
4.	[] [] / [] [] / [] [] [] []	[] [] [] [] [] [] [] [] [] []	\$ [] [] [] [] [] [] [] [] [] []				<input type="radio"/> Y <input type="radio"/> N

IMPORTANT: (i) Identify by number listed above all purchases in which you covered a "short sale": _____

C. I made the following sales of Allos common stock during the period May 29, 2003 through and including July 29, 2004 (If none, write "zero" or "0") (If other than zero, must be documented):

SALES							
	Trade Date(s) of Shares (List Chronologically)	Number of Shares of Common Stock Sold	Amount Received (net of commissions, taxes, and fees)				Proof of Sales Enclosed?
	M M / D D / Y Y Y Y		\$				<input type="radio"/> Y <input type="radio"/> N
1.	[] [] / [] [] / [] [] [] []	[] [] [] [] [] [] [] [] [] []	\$ [] [] [] [] [] [] [] [] [] []				<input type="radio"/> Y <input type="radio"/> N
2.	[] [] / [] [] / [] [] [] []	[] [] [] [] [] [] [] [] [] []	\$ [] [] [] [] [] [] [] [] [] []				<input type="radio"/> Y <input type="radio"/> N
3.	[] [] / [] [] / [] [] [] []	[] [] [] [] [] [] [] [] [] []	\$ [] [] [] [] [] [] [] [] [] []				<input type="radio"/> Y <input type="radio"/> N
4.	[] [] / [] [] / [] [] [] []	[] [] [] [] [] [] [] [] [] []	\$ [] [] [] [] [] [] [] [] [] []				<input type="radio"/> Y <input type="radio"/> N

D. Number of shares of Allos common stock held at the close of business on April 29, 2004 (If none, write "zero" or "0") (If other than zero, must be documented) Proof of Holding Enclosed? Y N

[] [] [] [] [] [] [] [] [] []

E. Number of shares of Allos common stock held at the close of business on July 29, 2004 (If none, write "zero" or "0") (If other than zero, must be documented) Proof of Holding Enclosed? Y N

[] [] [] [] [] [] [] [] [] []

If you require additional space, attach extra schedules in the same format as above. Sign and print your name on each additional page.

**YOU MUST READ AND SIGN THE RELEASE ON PAGE 6. FAILURE TO SIGN THE RELEASE
MAY RESULT IN A DELAY IN PROCESSING OR THE REJECTION OF YOUR CLAIM.**



THIS PROOF OF CLAIM MUST BE SUBMITTED NO LATER THAN **FEBRUARY 5, 2009**, AND MUST BE MAILED TO:

Allos Therapeutics Securities Litigation Settlement
c/o Gilardi & Co. LLC
P.O. Box 5100
Larkspur, California 94977-5100

A Proof of Claim received by the Claims Administrator shall be deemed to have been submitted when posted, if mailed by **February 5, 2009**, and if a postmark is indicated on the envelope and it is mailed first class, and addressed in accordance with the above instructions. In all other cases, a Proof of Claim shall be deemed to have been submitted when actually received by the Claims Administrator.

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



SUBSTITUTE FORM W-9

PART I. Request for Taxpayer Identification Number ("TIN") and Certification

First Name

I. Last Name

[Grid for First Name]

[Grid for Last Name]

Check appropriate box:

- Individual/Sole Proprietor
- IRA
- Trust
- Corporation
- Partnership
- Pension Plan
- Other _____ (specify)

Enter TIN on the appropriate line.

- For individuals, this is your Social Security Number ("SSN").
- However, for a resident alien, sole proprietor, or disregarded entity, see Part 1 of the enclosed W-9 instructions.
- For sole proprietors, you must show your individual name, but you may also enter your business or "doing business as" name. You may enter either your SSN or your Employer Identification Number ("EIN").
- For other entities, it is your EIN.

Social Security Number

Employer Identification Number

[Grid for Social Security Number] or [Grid for Employer Identification Number]

PART II. For Payees Exempt from Backup Withholding

If you are exempt from backup withholding, enter your correct TIN in Part I and write "exempt" on the following line: _____

PART III. Certification

UNDER THE PENALTY OF PERJURY, I (WE) CERTIFY THAT:

- (1) The number shown on this form is my correct TIN; and
- (2) I (We) certify that I am (we are) NOT subject to backup withholding under provisions of Section 3406(a)(1)(C) of the Internal Revenue Code because: (a) I am (we are) exempt from backup withholding; or (b) I (we) have not been notified by the Internal Revenue Service that I am (we are) subject to backup withholding as a result of a failure to report all interest or dividends; or (c) the Internal Revenue Service has notified me (us) that I am (we are) no longer subject to backup withholding.

NOTE: If you have been notified by the Internal Revenue Service that you are subject to backup withholding, you must cross out item 2 above.

SEE ENCLOSED FORM W-9 INSTRUCTIONS

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

I (We) declare under penalty of perjury under the laws of the United States of America that all of the foregoing information supplied on this Proof of Claim and Release form by the undersigned is true and correct.

Executed this _____ day of _____ in _____
(Month/Year) (City/State/Country)

(Sign your name here)

(Sign your name here)

(Type or print your name here)

(Type or print your name here)

(Capacity of person(s) signing, e.g., Beneficial Purchaser, Executor or Administrator Trustee, etc.)

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

Reminder Checklist:

- 1. Please sign the above release and declaration.
- 2. Remember to attach supporting documentation, if available.
- 3. Do not send original stock certificates.
- 4. Keep a copy of your claim form for your records.
- 5. If you desire an acknowledgment of receipt of your claim form please send it Certified Mail, Return Receipt Requested.
- 6. If you move, please send the Claims Administrator your new address.

