

*Geron Securities Litigation*  
Toll-Free Number: 1-844-754-5537  
Email: [info@GeronSecuritiesLitigation.com](mailto:info@GeronSecuritiesLitigation.com)  
Website: [www.GeronSecuritiesLitigation.com](http://www.GeronSecuritiesLitigation.com)

**PROOF OF CLAIM AND RELEASE FORM**

To be eligible to receive money from the Net Settlement Fund in connection with the Settlement of this Action, 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, or submit it online at [www.GeronSecuritiesLitigation.com](http://www.GeronSecuritiesLitigation.com), with supporting documentation, **postmarked if mailed (or if submitted online, received by the Claims Administrator) by no later than midnight Pacific Time on February 16, 2023. You may submit your Claim Form any time before the deadline.**

**Mail to:**

*Geron Securities Litigation*  
c/o Epiq Class Action & Claims Solutions  
P.O. Box 4574  
Portland, OR 97208-4574  
1-844-754-5537

Failure to submit your Claim Form by the deadline will subject your claim to rejection and may preclude you from being eligible to receive a payment from the Settlement.

**Do not mail or deliver your Claim Form to the Court, Lead Counsel, Defendants’ Counsel, or any of the Parties to the Action. Submit your Claim Form only to the Claims Administrator (Epiq Class Action & Claims Solutions) at the address (or website address online) set forth above.**

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**Questions? Visit [www.GeronSecuritiesLitigation.com](http://www.GeronSecuritiesLitigation.com) or call 1-844-754-5537**

**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	MI	Beneficial Owner's Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Joint Beneficial Owner's First Name	MI	Joint Beneficial Owner's Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

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 your name and "IRA" in the "Entity Name" box below (e.g., John Jones IRA).

Entity Name (if Beneficial Owner is not an individual)

Representative or Custodian Name if applicable (*executor, administrator, trustee, c/o, etc.*), (if different from Beneficial Owner[s] listed above)

Address 1 (street name and number)

Address 2 (apartment, unit or box number)

City	State	Zip or Foreign Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/>

Country

Last four digits of Social Security Number or Taxpayer Identification Number

Telephone Number (Day)	Telephone Number (Evening)
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>

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)

Account Number (where securities were traded)

Type of Beneficial Owner: Specify one of the following:

- |  |                                       |   |
|--|---------------------------------------|---|
| <input type="checkbox"/> Individual              | <input type="checkbox"/> IRA/401K     | <input type="checkbox"/> Estate         |
| <input type="checkbox"/> Joint                   | <input type="checkbox"/> Pension Plan | <input type="checkbox"/> Trust          |
| <input type="checkbox"/> Corporation             | <input type="checkbox"/> Partnership  | <input type="checkbox"/> UGMA Custodian |
| <input type="checkbox"/> Other (describe: _____) |                                       |   |

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**PART II – SCHEDULE OF TRANSACTIONS IN GERON COMMON STOCK**

Please provide the requested information on your holdings and trading of Geron common stock. During the Class Period, Geron common stock traded on the Nasdaq under the symbol GERN, CUSIP: 374163103. Please include proper documentation with your Claim Form as described in the Instructions, ¶¶4 & 13 on pages 6-7 below.

**1. HOLDINGS AS OF MARCH 19, 2018** – State the total number of shares of Geron common stock held as of the opening of trading on March 19, 2018. (Must be documented.) If none, write “zero” or “0.”

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**2. PURCHASES FROM MARCH 19, 2018, THROUGH SEPTEMBER 26, 2018** – Separately list each purchase of Geron common stock from after the opening of trading on March 19, 2018, through and including the close of trading on September 26, 2018. (Must be documented.)

Date of Purchase (List Chronologically) (Month/Day/Year)	Number of Shares Purchased	Purchase Price per Share	Confirm Proof of Purchase Enclosed																					
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**3. PURCHASES FROM SEPTEMBER 27, 2018 THROUGH DECEMBER 24, 2018** – State the total number of shares of Geron common stock purchased from after the opening of trading on September 27, 2018, through the close of trading on December 24, 2018. If none, write “zero” or “0.”

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**4. SALES FROM MARCH 19, 2018 THROUGH DECEMBER 24, 2018** – Separately list each sale of Geron common stock from after the opening of trading on March 19, 2018, through and including the close of trading on December 24, 2018. (Must be documented.)

**IF NONE, CHECK HERE**

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Date of Sale (List Chronologically) (Month/Day/Year)	Number of Shares Sold	Sale Price Per Share	Confirm Proof of Sale Enclosed																					
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**5. HOLDINGS AS OF DECEMBER 24, 2018** – State the total number of shares of Geron common stock held as of the close of trading on December 24, 2018. (Must be documented.) If none, write “zero” or “0.”

Confirm Proof of Position Enclosed

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**IF YOU NEED ADDITIONAL SPACE, ATTACH EXTRA SCHEDULES IN THE SAME FORMAT. PRINT THE BENEFICIAL OWNER’S FULL NAME AND LAST FOUR DIGITS OF THEIR SOCIAL SECURITY/TAXPAYER IDENTIFICATION NUMBER ON EACH ADDITIONAL PAGE. IF YOU DO ATTACH EXTRA SCHEDULES, CHECK THIS BOX.**

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### PART III - RELEASE OF CLAIMS AND SIGNATURE

#### YOU MUST ALSO READ THE RELEASE AND CERTIFICATION BELOW AND SIGN ON PAGE 5 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) 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 any and all of the Released Plaintiffs' Claims against Defendants and Defendants' Released Parties, and shall forever be barred and enjoined from prosecuting, commencing, instituting, or continuing to prosecute any action or other proceeding in any court of law or equity, arbitration tribunal, or administrative forum, asserting any or all of the Released Plaintiffs' Claims against any of the Defendants' Released Parties. This release shall not apply to any of the Excluded Plaintiffs' Claims.

#### 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:

1. that I (we) have read and understand the contents of the Settlement 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) Class Member(s), as defined in the Settlement Notice, and is (are) not excluded by definition from the Class as set forth in the Settlement Notice;
3. that the claimant(s) did not submit a request for exclusion from the Class;
4. that I (we) own(ed) the Geron common stock identified in the Claim Form and have not assigned the claim against any of the Defendants or Defendants' Released Parties 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 Geron common stock 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 (claimants') claim and for purposes of enforcing the releases set forth herein;
7. 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;
9. 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
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.**

Questions? Visit [www.GeronSecuritiesLitigation.com](http://www.GeronSecuritiesLitigation.com) or call 1-844-754-5537

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

Date:   -   -      
MM DD YYYY

Print claimant name here

Signature of joint claimant, if any

Date:   -   -      
MM DD YYYY

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:   -   -    
MM DD YYYY

Print name of person signing on behalf of claimant

Print name of person signing on behalf of claimant

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 ¶7 in the Instructions and Checklist of this Claim Form.)

Questions? Visit [www.GeronSecuritiesLitigation.com](http://www.GeronSecuritiesLitigation.com) or call 1-844-754-5537

## INSTRUCTIONS AND CHECKLIST

1. **Submission of this Claim Form does not guarantee that you will be eligible to receive a payment from the Settlement. The distribution of the Net Settlement Fund will be governed by the Plan of Allocation set forth in the Settlement Notice, if it is approved by the Court, or by such other plan of allocation as the Court approves.**

2. Use the Schedule of Transactions on page 3 of this Claim Form to supply all required details of your transaction(s) in, and holdings of, common stock of Geron Corporation (“Geron”). On this schedule, provide all of the requested information with respect to your holdings, purchases, and sales of Geron common stock (including free transfers and deliveries), whether such transactions resulted in a profit or a loss. **Failure to report all transaction and holding information during the requested time period may result in the rejection of your claim.**

3. **Please note:** Only publicly traded Geron common stock purchased during the Class Period (i.e., from March 19, 2018, through September 26, 2018, inclusive) is eligible to receive a payment under the Settlement. However, sales of Geron common stock during the period from September 27, 2018, through and including the close of trading on December 24, 2018, will be used for purposes of calculating your claim under the Plan of Allocation. Therefore, in order for the Claims Administrator to be able to balance your claim, the requested purchase and sale information during this period must also be provided.

4. You are required to submit genuine and sufficient documentation for all of your transactions in and holdings of Geron common stock as set forth in the Schedule of Transactions on page 3 of this Claim Form. Documentation may consist of copies of brokerage confirmation slips or monthly brokerage account statements, or an authorized statement from your broker containing the transactional and holding information found in a broker confirmation slip or account statement. The Parties and the Claims Administrator do not independently have information about your investments in Geron common stock. **IF SUCH DOCUMENTS ARE NOT IN YOUR POSSESSION, PLEASE OBTAIN COPIES OF THE DOCUMENTS OR EQUIVALENT DOCUMENTS FROM YOUR BROKER. FAILURE TO SUPPLY THIS DOCUMENTATION MAY RESULT IN THE REJECTION OF YOUR CLAIM. DO NOT SEND ORIGINAL DOCUMENTS. Please keep a copy of all documents that you send to the Claims Administrator. Also, do not highlight any portion of the Claim Form or any supporting documents.**

5. Use Part I of this Claim Form entitled “CLAIMANT INFORMATION” to identify the beneficial owner(s) of the Geron common stock. The complete name(s) of the beneficial owner(s) must be entered. If there were joint beneficial owners, each must sign this Claim Form and their names must appear as “Claimants” in Part I of this Claim Form.

6. **If you purchased Geron common stock in more than one account, a Claim should be submitted for each account.** Separate Claim Forms should be submitted for each account or separate legal entity (e.g., an individual should not combine his or her IRA holdings and transactions with holdings and transactions made solely in the individual’s name). Generally, a single Claim Form should be submitted on behalf of one legal entity including all holdings and transactions made by that entity on one Claim Form. However, if a single person or legal entity had multiple accounts that were separately managed, separate Claims may be submitted for each such account. The Claims Administrator reserves the right to request information on all the holdings and transactions in Geron common stock made on behalf of a single beneficial owner.

7. Agents, executors, administrators, guardians, and trustees must complete and sign the Claim Form on behalf of persons represented by them, and they must:

- (a) expressly state the capacity in which they are acting;
- (b) identify the name, account number, last four digits of the Social Security Number (or taxpayer identification number), address, and telephone number of the beneficial owner of (or other person or entity on whose behalf they are acting with respect to) the Geron common stock; and
- (c) furnish herewith evidence of their authority to bind to the Claim Form the person or entity on whose behalf they are acting. (Authority to complete and sign a Claim Form cannot be established by stockbrokers demonstrating only that they have discretionary authority to trade securities in another person’s accounts.)

**Questions? Visit [www.GeronSecuritiesLitigation.com](http://www.GeronSecuritiesLitigation.com) or call 1-844-754-5537**

8. By submitting a signed Claim Form, you will be swearing that you:
- (a) owned the Geron common stock you have listed in the Claim Form; or
  - (b) are expressly authorized to act on behalf of the owner thereof

9. 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.

10. 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.

11. **PLEASE NOTE:** As set forth in the Plan of Allocation, each Authorized Claimant shall receive his, her, or its pro rata share of the Net Settlement Fund. 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 will be made to that Authorized Claimant.

12. If you have questions concerning the Claim Form, or need additional copies of the Claim Form or the Settlement Notice, you may contact the Claims Administrator, Epiq, at the above address, by email at [info@GeronSecuritiesLitigation.com](mailto:info@GeronSecuritiesLitigation.com), or by toll-free phone at 1-844-754-5537, or you can visit the Settlement website, [www.GeronSecuritiesLitigation.com](http://www.GeronSecuritiesLitigation.com), where copies of the Claim Form and Settlement Notice are available for downloading.

13. **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 [www.GeronSecuritiesLitigation.com](http://www.GeronSecuritiesLitigation.com) or you may email the Claims Administrator's electronic filing department at [info@GeronSecuritiesLitigation.com](mailto:info@GeronSecuritiesLitigation.com). **Any file not in accordance with the required electronic filing format will be subject to rejection.** The **complete** name of the beneficial owner of the securities must be entered where called for (see ¶5 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 [info@GeronSecuritiesLitigation.com](mailto:info@GeronSecuritiesLitigation.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 WITHIN 60 DAYS OF YOUR SUBMISSION. IF YOU DO NOT RECEIVE AN ACKNOWLEDGEMENT POSTCARD WITHIN 60 DAYS, CONTACT THE CLAIMS ADMINISTRATOR TOLL FREE AT 1-844-754-5537.**

Questions? Visit [www.GeronSecuritiesLitigation.com](http://www.GeronSecuritiesLitigation.com) or call 1-844-754-5537

## REMINDER CHECKLIST

1. Sign the above release and certification. If this Claim Form is being made on behalf of joint claimants, then both must sign.
2. 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.
4. Keep copies of the completed Claim Form and documentation for your own records.
5. The Claims Administrator will acknowledge receipt of your Claim Form by mail, within 60 days of your submission. 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- 844-754-5537.**
6. 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@GeronSecuritiesLitigation.com](mailto:info@GeronSecuritiesLitigation.com), or by toll-free phone at 1-844-754-5537, or you may visit [www.GeronSecuritiesLitigation.com](http://www.GeronSecuritiesLitigation.com). **DO NOT** call Geron or its counsel with questions regarding your claim.

**THIS CLAIM FORM MUST BE MAILED TO THE CLAIMS ADMINISTRATOR BY FIRST-CLASS MAIL OR SUBMITTED ONLINE AT [WWW.GERONSECURITIESLITIGATION.COM](http://WWW.GERONSECURITIESLITIGATION.COM), **POSTMARKED (OR RECEIVED) BY NO LATER THAN MIDNIGHT PACIFIC TIME ON FEBRUARY 16, 2023.** IF MAILED, THE CLAIM FORM SHOULD BE ADDRESSED AS FOLLOWS:**

***Geron Securities Litigation***  
c/o Epiq Class Action & Claims Solutions  
P.O. Box 4574  
Portland, OR 97208-4574  
1-844-754-5537

A Claim Form received by the Claims Administrator shall be deemed to have been submitted when posted, if a postmark date before the deadline 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 received online by the Claims Administrator by the deadline.

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.GeronSecuritiesLitigation.com](http://www.GeronSecuritiesLitigation.com) or call 1-844-754-5537**