

**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA**

In re VAXART, INC. SECURITIES LITIGATION

This Document Relates to:

ALL ACTIONS

Master Case No.: 3:20-cv-05949-VC

CLASS ACTION

PROOF OF CLAIM
AND RELEASE (“CLAIM FORM”)

To recover as a Settlement Class Member based on the claims asserted against the Released Defendant Persons in this Action, you must complete, *sign* and submit this Proof of Claim (“Claim Form”). If you fail to submit a properly addressed Claim Form, your claim may be rejected and you may be barred from any recovery from the Net Settlement Fund created under the proposed Settlement. **YOU MUST MAIL OR SUBMIT ONLINE YOUR COMPLETED AND SIGNED CLAIM FORM, TOGETHER WITH COPIES OF THE DOCUMENTS REQUESTED HEREIN, ON OR BEFORE JANUARY 31, 2023, TO:**

Vaxart Securities Litigation Settlement
c/o A.B. Data, Ltd.
P.O. Box 173133
Milwaukee, WI 53217

Online Submissions: www.VaxartSecuritiesLitigation.com

PART I: GENERAL INSTRUCTIONS

1. It is important that you read and understand the Notice of Proposed Settlement of Class Action (the “Notice”) that accompanies this Claim Form. The Notice describes the proposed partial Settlement and how Settlement Class Members’ rights may be affected by it. The Notice also contains the definitions of many of the defined terms (which are indicated by initial capital letters) used in this Claim Form. By signing and submitting the Claim Form, you will be certifying that you have read and that you understand the Notice, including the terms of the releases that you will be giving if you submit a Claim Form.

2. This Claim Form is directed to all Persons who purchased or otherwise acquired shares of the common stock of Vaxart, Inc. (“Vaxart”) (NASDAQ ticker: VXRT) between June 15, 2020, and August 19, 2020, inclusive (the “Settlement Class Period”). If you fit within this definition, and (i) are not excluded from the class by reason of your relationship to one of the Defendants or their affiliates (*see* Notice at Response to Questions 3-4) and (ii) do not exclude yourself by submitting a request for exclusion (*see* Notice at Response to Question 11), then you are a Settlement Class Member.

3. If you are NOT a Settlement Class Member, you may NOT participate in the Settlement, you should NOT submit a Claim Form, and any Claim Form you submit will be rejected.

4. If you are a Settlement Class Member and you do not timely request exclusion, you will be bound by the terms of any judgment entered in this Action, including the releases provided for under the Settlement (*see* Notice at Question 11), whether or not you submit a Claim Form.

5. Submission of this Claim Form does not guarantee that you will share in the proceeds of the Settlement. The distribution of the Net Settlement Fund will be governed by the Plan of Allocation set forth in the Notice, or by such other plan of allocation that is ultimately approved by the Court.

6. Use Part I of this form, “Claimant Identification,” to identify each purchaser or acquiror of the Vaxart common shares (“Vaxart Common Shares”) that form the basis of this claim. ***THIS CLAIM FORM MUST BE FILED BY THE ACTUAL BENEFICIAL PURCHASER(S) OR ACQUIRER(S) OF THE VAXART SHARES UPON WHICH THE CLAIM IS BASED, OR BY THEIR LEGAL REPRESENTATIVE.***

7. Separate Claim Forms should be submitted for each separate legal entity (*e.g.* a claim from joint owners should not include separate transactions of just one of the joint owners, and an individual should not combine his or her IRA transactions with 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 Claim Forms may be submitted for each such account. The Claims Administrator reserves the right to request information on all holdings and transactions in Vaxart Common Shares (including short sales) made on behalf of a single beneficial owner.

8. All joint beneficial owners, purchasers or acquirers must sign this Claim Form.

9. Agents, executors, administrators, guardians, conservators, and trustees must complete and sign this Claim Form on behalf of Persons represented by them. They must also (a) identify the capacity in which they are acting; (b) identify the name, account number, Social Security Number (or Taxpayer Identification Number) of the beneficial owner (or other Person or entity on whose behalf they are acting); and (c) provide documentary evidence of their authority to legally bind the person or entity on whose behalf they are acting to the Claim Form. (Authority to complete and sign a Claim Form cannot be established by stockbrokers who show only that they have discretionary authority to trade in another person's accounts).

10. 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 U.S. law. Making false statements or submitting fraudulent documentation will result in the rejection of your Claim and may subject you to civil liability or criminal prosecution.

11. Use Part II of this form, entitled "Schedule of Transactions in Vaxart Common Shares," to supply all requested details of your transaction(s) (including free transfers and deliveries) in, and holdings of, Vaxart Common Shares. On this schedule, provide all of the requested information with respect to your holdings, purchases, acquisitions, and sales of Vaxart Common Shares, whether such transactions resulted in a profit or a loss. List each transaction separately and in chronological order, by trade date, beginning with the earliest. You must accurately provide the month, day, and year of each transaction you list. The date of covering a "short sale" is deemed to be the date of purchase of Vaxart Common Shares. The date of a "short sale" is deemed to be the date of sale of Vaxart Common Shares. Failure to report all such transactions may result in your claim being rejected. If you need more space, attach separate sheets giving all of the required information in substantially the same form. ***Sign and print or type your name on each additional sheet.***

12. COPIES OF BROKER CONFIRMATIONS OR OTHER DOCUMENTATION OF YOUR TRANSACTIONS IN VAXART COMMON SHARES MUST BE ATTACHED TO YOUR CLAIM. FAILURE TO PROVIDE THIS DOCUMENTATION COULD DELAY VERIFICATION OF YOUR CLAIM OR RESULT IN REJECTION OF YOUR CLAIM.

13. YOUR CLAIM IS NOT DEEMED SUBMITTED UNTIL YOU RECEIVE AN ACKNOWLEDGMENT POSTCARD. The Claims Administrator will acknowledge receipt of your Claim Form by mail within 60 days. If you do not receive an acknowledgment postcard within 60 days, please call the Claims Administrator toll-free at 1-877-388-1723

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 such claimants **MUST** also submit a manually signed paper Claim Form, whether or not they also submit electronic copies. If you wish to submit your claim electronically, you must contact the Claims Administrator at info@VaxartSecuritiesLitigation.com or 877-388-1723 to obtain the **mandatory** file layout. **Any file that does not comply with the required electronic filing format will be subject to rejection.** 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. 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 Claims Administrator's electronic filing department at info@VaxartSecuritiesLitigation.com to inquire about your file and confirm it was received.

PROOF OF CLAIM AND RELEASE ("CLAIM FORM")

In re Vaxart, Inc., Case No. 3:20-cv-05949-VC (N.D. Cal.)

PART II: 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 Name:

Co-Beneficial Owner's Name:

Entity Name (if claimant is not an individual):

Representative or Custodian Name (if different from Beneficial Owner(s) listed above):

Address 1 (street name and number):

Address 2 (apartment, unit, or box number):

City State Zip Code/Province Country

Last Four Digits of your Social Security No. or Taxpayer I.D. No.:

Telephone Number (home/cell):

Telephone Number (work):

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

Email Address:

Account Number (if filing for multiple account types, file a separate Claim Form for each account type):

Claimant Account Type (check appropriate box):

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Individual (includes joint owner accounts) | <input type="checkbox"/> Pension Plan |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Estate |
| <input type="checkbox"/> IRA/401k | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Other (please specify): _____ | |

PART III: SCHEDULE OF TRANSACTIONS IN VAXART COMMON STOCK

Please be sure to include proper documentation with your Claim Form as described in the General Instructions. Do not include information regarding securities other than Vaxart common stock.

| | |
|---|---|
| 1. HOLDINGS AS OF JUNE 14, 2020: State the total number of Vaxart Common Shares you held as of the close of trading on June 14, 2020. (Must document.) If none, write “zero” or “0.” _____ | <i>Check box if proof of position is enclosed</i> <input type="checkbox"/> |
|---|---|

2. PURCHASES/ACQUISITIONS FROM JUNE 15, 2020, THROUGH AUGUST 19, 2020: Separately list below each and every purchase or acquisition (including free receipts) of Vaxart Common Shares from the opening of trading on June 15, 2020, through the close of trading on August 19, 2020. (Must document.)

| Date of Purchase/Acquisition (list chronologically by month/day/year) | # of Shares Purchased or Acquired | Purchase or Acquisition Price (Per Share) | Total Purchase or Acquisition Price (excluding any taxes, commissions, and fees) | <i>Check box if copy of proof of purchase is enclosed</i> |
|--|-----------------------------------|---|--|---|
| / / | | \$ | \$ | <input type="checkbox"/> |
| / / | | \$ | \$ | <input type="checkbox"/> |
| / / | | \$ | \$ | <input type="checkbox"/> |
| / / | | \$ | \$ | <input type="checkbox"/> |
| / / | | \$ | \$ | <input type="checkbox"/> |
| / / | | \$ | \$ | <input type="checkbox"/> |

3. PURCHASES/ACQUISITIONS FROM AUGUST 20, 2020, THROUGH JANUARY 11, 2021: State the total number of Vaxart Common Shares purchased or acquired (including free receipts) from the opening of trading on August 20, 2020, through the close of trading on January 11, 2021. If none, write “zero” or “0.” _____

| | |
|---|---|
| 4. SALES FROM JUNE 15, 2020, THROUGH JANUARY 11, 2021: Separately list below each and every sale or disposition (including free deliveries) of Vaxart Common Shares from the opening of trading on June 15, 2020, through the close of trading on January 11, 2021. (Must document.) | <i>If NONE, check box</i> <input type="checkbox"/> |
|---|---|

| Date of Sale (list chronologically by month/day/year) | Number of Shares Sold | Sale Price Per Share | Total Sale Price Per Share (excluding any taxes, commissions, and fees) | <i>Check box if copy of proof of sale is enclosed:</i> |
|--|-----------------------|----------------------|---|--|
| / / | | \$ | \$ | <input type="checkbox"/> |
| / / | | \$ | \$ | <input type="checkbox"/> |
| / / | | \$ | \$ | <input type="checkbox"/> |
| / / | | \$ | \$ | <input type="checkbox"/> |
| / / | | \$ | \$ | <input type="checkbox"/> |
| / / | | \$ | \$ | <input type="checkbox"/> |

| | |
|---|---|
| 5. HOLDINGS AS OF JANUARY 11, 2021: State the total number of Vaxart Common Shares you held as of the close of trading on January 11, 2021. (Must document.) If none, write “zero” or “0.” _____ | <i>Check box if proof of position is enclosed</i> <input type="checkbox"/> |
|---|---|

IF YOU REQUIRE ADDITIONAL SPACE, 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, AND ALSO SIGN EACH ADDITIONAL PAGE. IF YOU DO ATTACH EXTRA SCHEDULES, CHECK THIS BOX.

Note: Information about your transactions in Vaxart Common Shares from August 20, 2020, through January 11, 2021, is needed to validate your Claim; however, shares purchased after August 19, 2020, are not eligible for any recovery under the Settlement or the Plan of Allocation.

YOU MUST READ AND SIGN THE RELEASE BELOW.

PART IV: RELEASE

1. I (we) hereby fully, finally, and forever settle, release, and discharge each of the Released Defendant Persons (as defined in the Notice) from each of the Released Claims (as defined in the Notice).

2. I (we) hereby warrant and represent that I (we): have not assigned or transferred, voluntarily or involuntarily, any of my (our) Released Claims or any other part thereof; have not submitted any other claim covering the same purchases or acquisitions of Vaxart Common Shares during the Class Period; and have no knowledge of any other Person having done so on my (our) behalf.

3. I (we) hereby warrant and represent that I (we) have included herein true and correct information, and submitted true and correct copies of supporting documentation, as to all of my (our) transactions in Vaxart Common Shares, as requested in Part III, from June 15, 2020 through January 11, 2021, inclusive, and the number of Vaxart Common Shares held by me (us) at the close of trading on June 14, 2020 and on January 11, 2021.

4. I (we) certify that I am (we are) **NOT** subject to backup tax withholding. (If the Internal Revenue Service has notified you that you are subject to backup withholding, please strike out the prior sentence.)

5. I (we) submit to the jurisdiction of the U.S. District Court for the Northern District of California with respect to my (our) Claim as a Settlement Class Member and for purposes of enforcing the releases set forth above.

6. I (we) declare under penalty of perjury under the laws of the State of California that all the information submitted by me (us) as part of this Claim Form is true and correct.

Signed on _____[month]/_____[day]/_____[year]

Signature of Claimant

Signature of Joint Claimant, if any

Print Name of Claimant

Print Name of Joint Claimant, if any

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

Reminder Checklist:

1. You must sign the above release and acknowledgment.
2. Remember to attach copies of supporting documentation.
3. Do **not** send originals of certificates or other documentation as they will not be returned.
4. Keep a copy of your Claim Form and all supporting documentation for your records.
5. If you move, please send your new address to the address below.
6. Do **not use red pen or highlighter** on the Claim Form or any supporting documentation.
7. Accurate claims processing takes significant time. Thank you for your patience.

Do not mail or send your Claim Form to the Court, the Settling Parties, or their counsel. Submit your Claim Form only to the Claims Administrator at the email or online address listed below. Remember, this Claim Form must be submitted online or mailed no later than January 31, 2023, to:

*Vaxart Securities Litigation Settlement
c/o A.B. Data, Ltd.
P.O. Box 173133
Milwaukee, WI 53217*

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