

**Finisar Securities Litigation  
c/o Claims Administrator  
1650 Arch Street, Suite 2210  
Philadelphia, PA 19103  
Toll-Free Number:  
Email: [Info@FinisarSecuritiesLitigation.com](mailto:Info@FinisarSecuritiesLitigation.com)  
Website: [www.FinisarSecuritiesLitigation.com](http://www.FinisarSecuritiesLitigation.com)**

**PROOF OF CLAIM AND RELEASE FORM  
Deadline for Submission: February 26, 2021**

**GENERAL INSTRUCTIONS**

1. IF YOU PURCHASED OR OTHERWISE ACQUIRED FINISAR CORPORATION (“FINISAR”) COMMON STOCK (NASDAQ:FNSR) BETWEEN DECEMBER 2, 2010 AND MARCH 8, 2011, INCLUSIVE, YOU ARE A “SETTLEMENT CLASS MEMBER” AND YOU MAY BE ENTITLED TO SHARE IN THE NET SETTLEMENT FUND.

2. To recover as a Settlement Class Member based on your claim against Defendants in the action entitled *In re Finisar Corporation Securities Litigation*, Case No. 5:11-CV-01252-EJD (the “Action”), pending in the United States District Court for the Northern District of California, you must complete, sign and return this Proof of Claim and Release Form (“Proof of Claim”). If you fail to file a properly addressed (as set forth in paragraph 4 below) Proof of Claim, your claim may be rejected and you may be precluded from any recovery from the Net Settlement Fund created in connection with the proposed Settlement of the Action. All capitalized terms herein have the same definitions as in the Stipulation and Agreement of Settlement filed with the Court on July 14, 2020 (the “Stipulation”), a copy of which is available on the Claims Administrator’s website available at [www.FinisarSecuritiesLitigation.com](http://www.FinisarSecuritiesLitigation.com).

3. Submission of this Proof of Claim, however, does not assure that you will share in the proceeds of the Settlement.

4. YOU MUST MAIL YOUR COMPLETED AND SIGNED PROOF OF CLAIM AND RELEASE POSTMARKED ON OR BEFORE FEBRUARY 26, 2021, ADDRESSED AS FOLLOWS:

Finisar Securities Litigation Settlement  
c/o Claims Administrator  
1650 Arch Street, Suite 2210  
Philadelphia, PA 19103

5. If you are NOT a Settlement Class Member, DO NOT submit a Proof of Claim.

6. If you are a Settlement Class Member, you are bound by the terms of any judgment entered in the Action, WHETHER OR NOT YOU SUBMIT A PROOF OF CLAIM.

**CLAIMANT IDENTIFICATION**

1. If you purchased Finisar Corporation (FNSR) common stock and held the certificate(s) in your name, you are the beneficial purchaser as well as the record holder. If, however, the certificate(s) were registered in the name of a third party, such as a brokerage firm or other nominee, you are the beneficial owner and the third party is the record holder.

2. Use Part I of this form entitled “Claimant Identification” to identify each holder of record (“nominee”) if different from the beneficial owner of Finisar Corporation (FNSR) common stock that forms the

basis of this claim. THIS CLAIM MUST BE FILED BY THE ACTUAL BENEFICIAL OWNER(S), OR A PERSON AUTHORIZED TO ACT ON BEHALF OF SUCH OWNER(S) OF THE FINISAR CORPORATION (FNSR) COMMON STOCK UPON WHICH THIS CLAIM IS BASED.

3. All joint owners (or a Person authorized to act on the owner's behalf) must sign this claim. Executors, administrators, guardians, conservators or trustees must complete and sign this claim on behalf of Persons represented by them and evidence of their authority must accompany this claim and their titles or capacities must be stated. The Social Security (or taxpayer identification) number and telephone number of the beneficial owner may be used in verifying the claim. Failure to provide the foregoing information could delay verification of your claim or result in rejection of the claim.

## CLAIM FORM

1. Use Part II of this form below entitled "Schedule of Transactions in Finisar Common Stock" to supply all required details of your transaction(s) in Finisar common stock. If you need more space or additional schedules, 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.

2. On the schedules, provide all of the requested information with respect to all of your purchases/acquisitions and sales of Finisar common stock, whether such transactions resulted in a profit or a loss. Failure to report all such transactions may result in the rejection of your claim.

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

4. Broker confirmations or other documentation of your transactions in Finisar common stock should be attached to your claim. **Failure to provide this documentation could delay verification of your claim or result in rejection of your claim.**

5. The above requests are designed to provide the minimum amount of information necessary to process the simplest claims. The Claims Administrator may request additional information as required to efficiently and reliably calculate the amount of your claim. In some cases where the Claims Administrator cannot perform the calculation accurately or at a reasonable cost to the Settlement Class with the information provided, the Claims Administrator may condition acceptance of the claim upon the production of additional information that it may, in its discretion, require to process the claim.

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 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 [Info@FinisarSecuritiesLitigation.com](mailto:Info@FinisarSecuritiesLitigation.com) or visit their website at [www.FinisarSecuritiesLitigation.com](http://www.FinisarSecuritiesLitigation.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 I: CLAIMANT IDENTIFICATION**

(Please Print or Type)

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Beneficial Owner Name (*First, Middle, Last*)

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Co-Beneficial Owner Name (*First, Middle, Last*)

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Entity Name (*if Beneficial Owner is not an individual*)

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

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Address 1 (street name and number)

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Address 2 (apartment, unit or box number)

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City

State

Zip Code

---

Foreign Province, Foreign Country

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Account #/Fund# (*not necessary for individual filers*)

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Last 4 Digits of Social Security Number (for individuals) or Taxpayer Identification Number (for estates, trusts, corporations, etc.)

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Primary Daytime Telephone Number (with Area Code)

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Alternative Telephone Number (with Area Code)

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Email Address

Claimant Account Type (check appropriate box):

- Individual (includes joint owner accounts)    Pension Plan    Trust    Corporation    Estate  
 IRA/401K    Other \_\_\_\_\_ (please specify)

**PART II: SCHEDULE OF TRANSACTIONS IN FINISAR (FNSR) COMMON STOCK**

- A) **BEGINNING HOLDINGS** – State the number of shares of Finisar common stock held at the beginning of trading on December 2, 2010 (Must be documented): \_\_\_\_\_
- B) **PURCHASES/ACQUISITIONS DURING CLASS PERIOD** – Separately list each and every purchase or acquisition of Finisar common stock from the opening of trading on December 2, 2010 through and including the close of trading on March 8, 2011 (Must be documented):

<b>Trade Date Month/Day/Year (List Chronologically)</b>	<b>Number of Shares Purchased</b>	<b>Purchase Price Per Share</b>	<b>Total Cost (excluding Commissions, Taxes, and Fees)</b>
1.			
2.			
3.			

- C) **PURCHASES/ACQUISITIONS DURING “PSLRA 90-Day Lookback Period”** – State the total number of shares of Finisar common stock you purchased/acquired from March 9, 2011 through June 7, 2011<sup>1</sup> (Must be documented): \_\_\_\_\_
- D) **SALES** – Separately list each and every sale/disposition of Finisar common stock from after the opening of trading on December 2, 2011 through and including the close of trading on June 7, 2011 (Must be documented):

<b>Trade Date Month/Day/Year (List Chronologically)</b>	<b>Number of Shares Sold</b>	<b>Sales Price Per Share</b>	<b>Total Sales Price</b>
1.			
2.			
3.			

- E) **ENDING HOLDINGS** – State the total number of shares of Finisar common stock held as of the close of trading on June 7, 2011 (end of PSLRA 90- Day Lookback Period): \_\_\_\_\_

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

\_\_\_\_\_

<sup>1</sup> **Please note:** Information requested with respect to your purchases/acquisitions of Finisar common stock from March 9, 2011 through June 7, 2011 is needed in order for the Claims Administrator to balance your claim; purchases during this period, however, are not eligible under the Settlement and will not be used for purposes of calculating your Recognized Claim pursuant to the Plan of Allocation set forth in the Notice.

\_\_\_\_\_

### **PART III: RELEASE OF CLAIMS AND SIGNATURE**

YOU MUST ALSO READ THE RELEASE AND CERTIFICATION BELOW AND SIGN ON PAGE 6 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) heirs, executors, administrators, predecessors, successors, and assigns in their capacities as such only, and on behalf of any other person or entity legally entitled to bring Released Plaintiffs' Claims on my (our) behalf in such capacity only, 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 against Defendants and the Defendants' Releasees, and shall forever be barred and enjoined from commencing, instituting, maintaining, prosecuting, or continuing to prosecute any or all of the Released Plaintiffs' Claims against any of the Defendants or 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:

1. 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;
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 has not submitted a request for exclusion from the Settlement Class;
4. that I (we) own(ed) the Finisar common stock identified in the Claim Form and have not assigned the claim against Defendants or any of the 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/acquisitions of Finisar 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 Class 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, 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; and
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.

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.

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Signature of claimant

Date

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Print claimant name here

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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 must be provided:***

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Signature of person signing on behalf of claimant

Date

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Print name of person signing on behalf of claimant here

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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).

**SUBSTITUTE FORM W-9**

**Request for Taxpayer Identification Number (“TIN”) and Certification**

**PART I**

Name: \_\_\_\_\_

Check appropriate box:

Individual/Sole Proprietor    Corporation    Partnership    Pension Plan

IRA    Trust

Other (specify) \_\_\_\_\_

Enter TIN on appropriate line. For individuals, this is your Social Security Number (“SSN”). 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 (for estates, trusts, corps, etc)

OR

\_\_\_\_\_  
Employer Identification Number

NOTE: If you require instructions for Completing Substitute Form W-9, please make a written request to the Claims Administrator at: [Info@FinisarSecuritiesLitigation.com](mailto:Info@FinisarSecuritiesLitigation.com) or visit the Claims Administrator’s website at [www.FinisarSecuritiesLitigation.com](http://www.FinisarSecuritiesLitigation.com). Please note that your accountant should also be able to provide you with these instructions.

**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. If you move or change your address, telephone number or email address, please submit the new information to the Claims Administrator, as well as any other information that will assist us in contacting you. NOTE: Failure to submit updated information to the Claims Administrator may result in the Claims Administrator's inability to contact you regarding issues with your claim or deliver payment to you.
6. If you have any questions or concerns regarding your claim, please contact the Claims Administrator at the address provided above, by email at [Info@FinisarSecuritiesLitigation.com](mailto:Info@FinisarSecuritiesLitigation.com), or by toll-free phone at 833-935-2722 or you may visit [www.FinisarSecuritiesLitigation.com](http://www.FinisarSecuritiesLitigation.com). DO NOT call Defendants or their counsel with questions regarding your claim.

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

Finisar Securities Litigation  
c/o Claims Administrator  
1650 Arch Street, Suite 2210  
Philadelphia, PA 19103

A Claim Form received by the Claims Administrator shall be deemed to have been submitted when posted, if a postmark date on or before February 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. Within 45 days of receipt, the Claims Administrator will send you acknowledgment that your claim was received. If you do not receive confirmation of claim receipt within 45 days, please email the Claims Administrator at [info@FinisarSecuritiesLitigation.com](mailto:info@FinisarSecuritiesLitigation.com). Your claim is not considered properly submitted if you do not receive acknowledgment of receipt from 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.**