

PROOF OF CLAIM AND RELEASE FORM

Deadline for Submission: February 7, 2020

IF YOU PURCHASED OR OTHERWISE ACQUIRED ROCKWELL MEDICAL, INC. (“ROCKWELL”) COMMON STOCK OR ROCKWELL CALL OPTIONS OR SOLD ROCKWELL PUT OPTIONS BETWEEN NOVEMBER 8, 2017 AND JUNE 26, 2018, INCLUSIVE (THE “SETTLEMENT CLASS PERIOD”) AND WERE INJURED THEREBY, YOU ARE A “SETTLEMENT CLASS MEMBER” AND YOU MAY BE ENTITLED TO SHARE IN THE SETTLEMENT PROCEEDS. (EXCLUDED FROM THE SETTLEMENT CLASS ARE DEFENDANTS; MEMBERS OF THE IMMEDIATE FAMILY OF EACH OF THE INDIVIDUAL DEFENDANTS; THE OFFICERS AND/OR DIRECTORS OF ROCKWELL; ANY PERSON, FIRM, TRUST, CORPORATION, OFFICER, DIRECTOR OR OTHER INDIVIDUAL OR ENTITY IN WHICH ANY DEFENDANT HAS A CONTROLLING INTEREST OR WHICH IS RELATED TO OR AFFILIATED WITH ANY OF THE DEFENDANTS; AND THE LEGAL REPRESENTATIVES, AGENTS, AFFILIATES, HEIRS, SUCCESSORS-IN-INTEREST OR ASSIGNS OF ANY SUCH EXCLUDED PARTY. ALSO EXCLUDED FROM THE SETTLEMENT CLASS ARE ANY PERSONS OR ENTITIES WHO OR WHICH EXCLUDE THEMSELVES BY SUBMITTING A REQUEST FOR EXCLUSION THAT IS ACCEPTED BY THE COURT.

IF YOU ARE A SETTLEMENT CLASS MEMBER, YOU MUST COMPLETE AND SUBMIT THIS PROOF OF CLAIM AND RELEASE FORM (“PROOF OF CLAIM AND RELEASE FORM”) IN ORDER TO BE ELIGIBLE FOR ANY SETTLEMENT BENEFITS. YOU CAN COMPLETE AND SUBMIT THE ELECTRONIC VERSION OF THIS PROOF OF CLAIM AND RELEASE FORM BY 11:59 P.M. EST ON FEBRUARY 7, 2020 AT WWW.ROCKWELLSECURITIESSETTLEMENT.COM

IF YOU DO NOT COMPLETE AND SUBMIT AN ELECTRONIC VERSION OF THIS PROOF OF CLAIM AND RELEASE FORM, YOU MUST COMPLETE AND SIGN THIS PROOF OF CLAIM AND RELEASE FORM AND MAIL IT BY FIRST CLASS MAIL, POSTMARKED NO LATER THAN FEBRUARY 7, 2020 TO STRATEGIC CLAIMS SERVICES, THE CLAIMS ADMINISTRATOR, AT THE FOLLOWING ADDRESS:

Too v. Rockwell Medical, Inc.
c/o Strategic Claims Services
600 N. Jackson St., Ste. 205
Media, PA 19063

YOUR FAILURE TO SUBMIT YOUR CLAIM BY FEBRUARY 7, 2020 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 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. IF YOU ARE A SETTLEMENT CLASS MEMBER AND DO NOT SUBMIT A PROPER PROOF OF CLAIM AND RELEASE FORM, YOU WILL NOT SHARE IN THE SETTLEMENT, BUT YOU NEVERTHELESS WILL BE BOUND BY THE ORDER AND FINAL JUDGMENT OF THE COURT UNLESS YOU EXCLUDE YOURSELF.

SUBMISSION OF A PROOF OF CLAIM AND RELEASE FORM DOES NOT ASSURE THAT YOU WILL SHARE IN THE PROCEEDS OF THE SETTLEMENT.

CLAIMANT'S STATEMENT

1. I (we) purchased or otherwise acquired Rockwell Common Stock or Rockwell Call Options, or sold Rockwell Put Options during the Settlement Class Period. (Do not submit this Proof of Claim and Release Form if you did not purchase Rockwell Common Stock or Rockwell Call Options, or sell Rockwell Put Options during the Settlement Class Period.)
2. By submitting this Proof of Claim and Release Form, I (we) state that I (we) believe in good faith that I am (we are) a Settlement Class Member(s) as defined above and in the Notice of (I) Pendency of Class Action and Proposed Settlement; (II) Settlement Hearing; and (III) Motion for an Award of Attorneys' Fees and Reimbursement of Litigation Expenses (the "Notice"), or am (are) acting for such person(s); that I am (we are) not a Defendant in the Action or anyone excluded from the Settlement Class; that I (we) have read and understand the Notice; that I (we) believe that I am (we are) entitled to receive a share of the Net Settlement Fund, as defined in the Notice; that I (we) elect to participate in the proposed Settlement described in the Notice; and that I (we) have not filed a request for exclusion. (If you are acting in a representative capacity on behalf of a Settlement 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 Settlement Class Member. Such evidence would include, for example, letters testamentary, letters of administration, or a copy of the trust documents.)
3. I (we) consent to the jurisdiction of the Court with respect to all questions concerning the validity of this Proof of Claim and Release Form. I (we) understand and agree that my (our) 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 (our) status as a Settlement Class Member(s) and the validity and amount of my (our) claim. No discovery shall be allowed on the merits of the Action or Settlement in connection with processing of the Proof of Claim and Release Form.
4. I (we) have set forth where requested below all relevant information with respect to each purchase of Rockwell Securities, and each sale, if any, of such Rockwell Securities. I (we) agree to furnish additional information to the Claims Administrator to support this claim if requested to do so.
5. I (we) have enclosed photocopies of the stockbroker's confirmation slips, stockbroker's statements, or other documents evidencing each purchase and sale of Rockwell Securities listed below in support of my (our) claim. (IF ANY SUCH DOCUMENTS ARE NOT IN YOUR POSSESSION, PLEASE OBTAIN A COPY OR EQUIVALENT DOCUMENTS FROM YOUR BROKER OR TAX ADVISOR BECAUSE THESE DOCUMENTS ARE NECESSARY TO PROVE AND PROCESS YOUR CLAIM.)
6. I (we) understand that the information contained in this Proof of Claim and Release Form is subject to such verification as the Claims Administrator may request or as the Court may direct, and I (we) 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 loss. 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 securities such as options.)
7. Upon the occurrence of the Court's approval of the Settlement, as detailed in the Notice, I (we) acknowledge that I (we) and my (our) predecessors, successors, agents, representatives, attorneys, and affiliates in their capacities as such, and my (our) heirs, executors, administrators, and assigns in their capacities as such (or, if I am (we are) submitting this Proof of Claim and Release Form on behalf of a corporation, a partnership, estate or one or more other persons, it, he, she or they, and its, his, her or their predecessors, successors, agents, representatives, attorneys, and affiliates in their capacities as such, and its, his, her or their heirs, executors, administrators, and assigns in their capacities as such), 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 the Defendants and the other Defendants' Releasees, and shall forever be permanently barred and enjoined from the institution, maintenance, prosecution, or enforcement of any or all of the Released Plaintiffs' Claims against any of the Defendants' Releasees.

8. Upon the occurrence of the Court's approval of the Settlement, as detailed in the Notice, I (we) agree and acknowledge that my (our) signature(s) hereto shall effect and constitute a covenant by me (us) and my (our) predecessors, successors, agents, representatives, attorneys, and affiliates in their capacities as such, and my (our) heirs, executors, administrators, and assigns in their capacities as such (or, if I am (we are) submitting this Proof of Claim and Release Form on behalf of a corporation, a partnership, estate or one or more other persons, it, he, she or they, and its, his, her or their predecessors, successors, agents, representatives, attorneys, and affiliates in their capacities as such, and its, his, her or their heirs, executors, administrators, and assigns in their capacities as such), to permanently refrain from instituting, maintaining, prosecuting, or enforcing any or all of the Released Plaintiffs' Claims against any of the Defendants' Releasees.
9. "Action" has the meaning laid out in the Settlement Stipulation.
10. "Claimant" has the meaning laid out in the Settlement Stipulation.
11. "Court" has the meaning laid out in the Settlement Stipulation.
12. "Defendants" has the meaning laid out in the Settlement Stipulation.
13. "Defendants' Releasees" has the meaning laid out in the Settlement Stipulation.
14. "Released Claims" has the meaning laid out in the Settlement Stipulation.
15. "Released Plaintiffs' Claims" has the meaning laid out in the Settlement Stipulation.
16. "Rockwell Call Options" has the meaning laid out in the Settlement Stipulation.
17. "Rockwell Common Stock" has the meaning laid out in the Settlement Stipulation.
18. "Rockwell Put Options" has the meaning laid out in the Settlement Stipulation.
19. "Rockwell Securities" has the meaning laid out in the Settlement Stipulation.
20. "Settlement Stipulation" means the Stipulation and Agreement of Settlement in this Action.
21. "Unknown Claims" has the meaning laid out in the Settlement Stipulation.
22. I (We) acknowledge that the inclusion of Unknown Claims in the definition of Released Claims in the Settlement Stipulation was separately bargained for and is a material element of the Settlement of which this release is a part.
23. 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 and Release 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 info@strategicclaims.net or visit their website at www.RockwellSecuritiesSettlement.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.

I. CLAIMANT INFORMATION

Name		
Address		
City	State	ZIP
Foreign Province	Foreign Country	
Day Phone	Evening Phone	
Email		
Social Security Number (for individuals):	OR	Taxpayer Identification Number (for estates, trusts, corporations, etc.):

II. SCHEDULE OF TRANSACTIONS IN ROCKWELL MEDICAL, INC. COMMON STOCK

Beginning Holdings:

A. State the total number of shares of Rockwell Medical, Inc. ("Rockwell") Common Stock held at the close of trading on November 7, 2017 (*must be documented*). If none, write "zero" or "0."

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Purchases/Acquisitions:

B. Separately list each and every purchase or acquisition of Rockwell Common Stock from November 8, 2017 through September 24, 2018, both dates inclusive, and provide the following information (*must be documented*) (Please note, purchases during the 90-day period from June 27, 2018 through September 24, 2018 will be used to balance your claim only):

Trade Date (List Chronologically) (Month/Day/Year)	Number of Shares Purchased	Price per Share	Total Cost (Excluding Commissions, Taxes, and Fees)

Sales:

C. Separately list each and every sale of Rockwell Common Stock from November 8, 2017 through September 24, 2018, both dates inclusive, and provide the following information (*must be documented*):

Trade Date (List Chronologically) (Month/Day/Year)	Number of Shares Sold	Price per Share	Amount Received (Excluding Commissions, Taxes, and Fees)

Ending Holdings:

D. State the total number of shares of Rockwell common stock held at the close of trading on September 24, 2018 (*must be documented*). If none, write “zero” or “0.”

III. SCHEDULE OF TRANSACTIONS IN ROCKWELL MEDICAL, INC. CALL OPTIONS

A. Beginning Holdings – Separately list all positions in Rockwell Call Options in which you had an open interest as of the close of trading on November 7, 2017 (<i>must be documented</i>).							IF NONE, CHECK HERE <input type="radio"/>	
Strike Price of Call Option	Expiration Date of Call Option (Month/Day/Year)		Option Class Symbol		Number of Call Options in Which You Had an Open Interest			
\$	/ /							
\$	/ /							
\$	/ /							
\$	/ /							
B. Purchases/Acquisitions: Separately list each and every purchase/acquisition (including free receipts) of Rockwell Call Options from after the opening of trading on November 8, 2017, through and including the close of trading on June 26, 2018 (<i>must be documented</i>):							IF NONE, CHECK HERE <input type="radio"/>	
Date of Purchase/ Acquisition (List Chrono- logically) (Month/Day/ Year)	Strike Price of Call Option	Expiration Date of Call Option (Month/Day/ Year)	Option Class Symbol	Number of Call Options Purchased/ Acquired	Purchase/ Acquisition Price Per Call Option	Total Purchase/ Acquisition Price (excluding taxes, commissions, and fees)	Insert an “E” if Exercised Insert an “A” if Assigned Insert an “X” if Expired	Exercise Date (Month/ Day/ Year)
/ /	\$	/ /			\$	\$		/ /
/ /	\$	/ /			\$	\$		/ /
/ /	\$	/ /			\$	\$		/ /
/ /	\$	/ /			\$	\$		/ /

C. Sales: Separately list each and every sale/disposition (including free deliveries) of Rockwell Call Options from after the opening of trading on November 8, 2017, through and including the close of trading on June 26, 2018 (<i>must be documented</i>):						IF NONE, CHECK HERE <input type="radio"/>
Date of Sale (List Chronologically) (Month/Day/Year)	Strike Price of Call Option	Expiration Date of Call Option (Month/Day/Year)	Option Class Symbol	Number of Call Options Sold	Sale Price Per Call Option	Total Sale Price (excluding taxes, commissions, and fees)
/ /	\$	/ /			\$	\$
/ /	\$	/ /			\$	\$
/ /	\$	/ /			\$	\$
/ /	\$	/ /			\$	\$
D. Ending Holdings – Separately list all positions in Rockwell Call Options in which you had an open interest as of the close of trading on June 26, 2018 (<i>must be documented</i>).						IF NONE, CHECK HERE <input type="radio"/>
Strike Price of Call Option	Expiration Date of Call Option (Month/Day/Year)	Option Class Symbol	Number of Call Options in Which You Had an Open Interest			
\$	/ /					
\$	/ /					
\$	/ /					
\$	/ /					

IV. SCHEDULE OF TRANSACTIONS IN ROCKWELL MEDICAL, INC. PUT OPTIONS

A. Beginning Holdings – Separately list all positions in Rockwell Put Options in which you had an open interest as of the close of trading on November 7, 2017 (<i>must be documented</i>).			IF NONE, CHECK HERE <input type="radio"/>
Strike Price of Put Option	Expiration Date of Put Option (Month/Day/Year)	Option Class Symbol	Number of Put Options in Which You Had an Open Interest
\$	/ /		
\$	/ /		
\$	/ /		
\$	/ /		

B. Sales (Writing): Separately list each and every sale (writing) (including free deliveries) of Rockwell Put Options from after the opening of trading on November 8, 2017, through and including the close of trading on June 26, 2018 (<i>must be documented</i>):							IF NONE, CHECK HERE <input type="radio"/>	
Date of Sale (Writing) (List Chronologically) (Month/Day/Year)	Strike Price of Put Option	Expiration Date of Put Option (Month/Day/Year)	Option Class Symbol	Number of Put Options Sold (Written)	Sale Price Per Put Option	Total Sale Price (excluding taxes, commissions, and fees)	Insert an "A" if Assigned Insert an "E" if Exercised Insert an "X" if Expired	Exercise Date (Month/Day/Year)
/ /	\$	/ /			\$	\$		/ /
/ /	\$	/ /			\$	\$		/ /
/ /	\$	/ /			\$	\$		/ /
/ /	\$	/ /			\$	\$		/ /
C. Purchases/Acquisitions: Separately list each and every purchase/acquisition (including free receipts) of Rockwell Put Options from after the opening of trading on November 8, 2017, through and including the close of trading on June 26, 2018 (<i>must be documented</i>):							IF NONE, CHECK HERE <input type="radio"/>	
Date of Purchase/Acquisition (List Chronologically) (Month/Day/Year)	Strike Price of Put Option	Expiration Date of Put Option (Month/Day/Year)	Option Class Symbol	Number of Put Options Purchased/Acquired	Purchase/Acquisition Price Per Put Option	Total Purchase/Acquisition Price (excluding taxes, commissions, and fees)		
/ /	\$	/ /			\$	\$		
/ /	\$	/ /			\$	\$		
/ /	\$	/ /			\$	\$		
/ /	\$	/ /			\$	\$		
D. Ending Holdings — Separately list all positions in Rockwell Put Options in which you had an open interest as of the close of trading on June 26, 2018 (<i>must be documented</i>).							IF NONE, CHECK HERE <input type="radio"/>	
Strike Price of Put Option	Expiration Date of Put Option (Month/Day/Year)		Option Class Symbol		Number of Put Options in Which You Had an Open Interest			
\$	/ /							
\$	/ /							
\$	/ /							
\$	/ /							

If additional space is needed to list your transactions/holdings, attach separate numbered sheets, giving all required information, substantially in the same format, and print your name and Social Security or Taxpayer Identification number at the top of each sheet.

V. SUBSTITUTE FORM W-9

Request for Taxpayer Identification Number:

Enter taxpayer identification number below for the Beneficial Owner(s). For most individuals, this is your Social Security Number. The Internal Revenue Service (“I.R.S.”) requires such taxpayer identification number. If you fail to provide this information, your claim may be rejected.

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

VI. CERTIFICATION

I (We) submit this Proof of Claim and Release Form under the terms of the Settlement Stipulation described in the Notice. I (We) also submit to the jurisdiction of the Court, with respect to my (our) claim as a Settlement Class Member(s) and for purposes of enforcing the release and covenant not to sue set forth herein. I (We) further acknowledge that I am (we are) bound by and subject to the terms of any judgment that may be entered in this Action. I (We) have not submitted any other claim covering the same purchases or sales of Rockwell Securities during the Settlement Class Period and know of no other person having done so on my (our) behalf.

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; or (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.

UNDER THE PENALTIES OF PERJURY UNDER THE LAWS OF THE UNITED STATES, I (WE) CERTIFY THAT ALL OF THE INFORMATION I (WE) PROVIDED ON THIS PROOF OF CLAIM AND RELEASE FORM IS TRUE, CORRECT AND COMPLETE.

Signature of Claimant (If this claim is being made on behalf of Joint Claimants, then each must sign):

(Signature)

(Signature)

(Capacity of person(s) signing, e.g. beneficial purchaser(s), executor, administrator, trustee, etc.)

Check here if proof of authority to file is enclosed.
(See Item 2 under Claimant’s Statement)

Date: _____

THIS PROOF OF CLAIM AND RELEASE FORM MUST BE POSTMARKED NO LATER THAN FEBRUARY 7, 2020 AND MUST BE MAILED TO:

Too v. Rockwell Medical, Inc.
c/o Strategic Claims Services
600 N. Jackson St., Ste. 205
Media, PA 19063

A Proof of Claim and Release Form received by the Claims Administrator shall be deemed to have been submitted when posted, if mailed by February 7, 2020 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 and Release Form 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 Proof of Claim and Release Forms 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 and Release Form. Please notify the Claims Administrator of any change of address.

REMINDER CHECKLIST

- Please be sure to sign this Proof of Claim and Release Form on page 8. If this Proof of Claim and Release Form is submitted on behalf of joint Claimants, then each Claimant must sign.
- Please remember to attach supporting documents. Do NOT send any stock certificates. Keep copies of everything you submit.
- Do NOT use highlighter on the Proof of Claim and Release Form or any supporting documents.
- If you desire an acknowledgment of receipt of your Proof of Claim and Release Form, please send it Certified Mail, Return Receipt Requested, or its equivalent.
- 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.