

**MUST BE MAILED AND
POSTMARKED NO LATER
THAN JUNE 4, 2019**

**UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA
WESTERN DIVISION**

ARTHUR KAYE IRA FCC AS CUSTODIAN DTD 6-8-00 and
HAYDEN LEASON, Individually and On Behalf of All Others
Similarly Situated,

Plaintiffs,

v.

IMMUNOCELLULAR THERAPEUTICS, LTD., DAVID
FRACTOR, MANISH SINGH, LAVOS, LLC, LIDINGO
HOLDINGS, LLC, KAMILLA BJORLIN, ANDREW HODGE,
and BRIAN NICHOLS,

Defendants.

Case No. 2:17-cv-03250-FMO (SKx)

CLASS ACTION

EXCLUSION FORM¹

**This is NOT a Claim Form. It EXCLUDES you from the Class Action.
DO NOT use this Form if you wish to remain a part of the Class.**

By completing this Exclusion Form, you are choosing to irrevocably opt out of the *Arthur Kaye IRA FCC as Custodian Dtd 6-8-00 and Hayden Leason v. ImmunoCellular Therapeutics, Ltd.* Class Action (the "IMUC Class Action"). By opting out, you are choosing not to take part in the Class Action against ImmunoCellular Therapeutics, Ltd. ("IMUC").

By opting out, you cannot file a claim for the Settlement benefits available to you, and you cannot object to the Settlement. If the Settlement does not become effective and the IMUC Class Action continues, you also will be excluded from the ongoing litigation, meaning that you will not share in any recovery that may be received in this case.

Once you opt out of this Class Action, you will receive no further communications regarding this action from Class Counsel, but for a confirmation that your Exclusion Form has been received.

For more information on the case, please see the Notice enclosed with this Exclusion Form or contact Class Counsel: Robert C. Finkel, Esq., Wolf Popper LLP, 845 Third Avenue, New York, New York 10022, Tel.: (212) 759-4600.

INSTRUCTIONS

To exclude yourself, you must fully complete and submit this Exclusion Form or mail a request to opt out of the Settlement with supporting documentation to the Claims Administrator, *ImmunoCellular Therapeutics, Ltd. Sec. Litig.*, Attn: EXCLUSIONS, c/o A.B. Data, Ltd. – Class Action Administration, P.O. Box 173001, Milwaukee, WI 53217.

This form must be fully completed and must be sent with supporting documentation mailed and postmarked no later than **June 4, 2019**. Exclusion Forms postmarked after that date will not be accepted.

Your Name: _____ (required)

Your Address: _____ (required)

Your telephone number: _____ (required)

Your email address: _____ (optional)

¹ This Exclusion Form incorporates by reference the definitions in the Amended Stipulation of Settlement dated as of December 10, 2018 (the "Stipulation"). Unless otherwise specified, all capitalized terms used, but not defined, herein shall have the same meanings as in the Stipulation. The Stipulation can be obtained at www.imucsecuritieslitigation.com.

Separately list each and **every purchase** of IMUC common stock during the period May 1, 2012, **through and including** May 30, 2014, and provide all of the following information and supporting documentation. If you have more transactions than will fit on this form, please attach additional forms or additional sheets containing the required information:

Trade Date <i>(list chronologically)</i> Month/Day/Year	Number of Shares of Common Stock Purchased	Price Per Share <i>(excluding commissions, taxes, and other fees)</i>	Total Purchase Price <i>(excluding commissions, taxes, and other fees)</i>
___/___/___		\$	\$
___/___/___		\$	\$
___/___/___		\$	\$
___/___/___		\$	\$

Separately list each and **every sale** of IMUC common stock during the period May 1, 2012, **through and including** May 30, 2014, and provide the following information and supporting documentation. If you have more transactions than will fit on this form, please attach additional forms or additional sheets containing the required information.

Trade Date <i>(list chronologically)</i> Month/Day/Year	Number of Shares of Common Stock Sold	Price Per Share <i>(excluding commissions, taxes, and other fees)</i>	Total Sale Price <i>(excluding commissions, taxes, and other fees)</i>
___/___/___		\$	\$
___/___/___		\$	\$
___/___/___		\$	\$
___/___/___		\$	\$

DECLARATION

I declare that I wish to irrevocably opt out and be excluded from the IMUC Class Action.

I understand that by submitting this Exclusion Form, I will be excluded from the IMUC Class Action and will not be bound by its outcome. As a result, I will be excluded from any settlement or any damages that may be awarded by the Court.

Signature

Date

If you choose to exclude yourself from the Class Action, return your completed Exclusion Form to:

ImmunoCellular Therapeutics, Ltd. Sec. Litig.
ATTN: EXCLUSIONS
c/o A.B. Data, Ltd. – Class Action Administration
P.O. Box 173001
Milwaukee, WI 53217
info@imucsecuritieslitigation.com

PLEASE DO NOT CALL THE COURTHOUSE OR THE CLERK OF THE COURT ABOUT THIS ACTION. THEY WILL NOT BE ABLE TO ANSWER YOUR QUESTIONS ABOUT THE LAWSUIT.