

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON
AT SEATTLE

ANTONIO BACHAALANI NACIF, WIES
RAFI, and HANG GAO, individually and on
behalf of all others similarly situated,

Plaintiffs,
v.

ATHIRA PHARMA, INC., et al.,

Defendants.

CASE NO.: 2:21-cv-00861-TSZ
(Consolidated with Case Nos. 21-cv-00862-
TSZ and 21-cv-00864-TSZ)

PROOF OF CLAIM FORM

I. GENERAL INSTRUCTIONS

1. To recover as a member of the Class based on your claims in the action entitled *Nacif et al., v. Athira Pharma, Inc. et al.*, Case No.: 2:21-cv-00861-TSZ (the “Action”), you must complete and, on page 24 below, sign this Proof of Claim Form (“Claim Form”). If you fail to submit a timely Claim Form, your Claim may be rejected and you may not receive any recovery from the Net Settlement Fund created in connection with the proposed Settlement. The Amended Stipulation and Agreement of Settlement, dated December 15, 2023 (the “Amended Stipulation”), and other documents about the Settlement are available at www.AthiraSecuritiesSettlement.com.¹

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

3. **YOU MUST MAIL BY FIRST-CLASS MAIL POSTMARKED (OR BEARING OTHER PROOF OF MAILING) NO LATER THAN SEPTEMBER 6, 2024, OR SUBMIT ONLINE NO LATER THAN SEPTEMBER 6, 2024, YOUR COMPLETED AND SIGNED CLAIM FORM, ACCOMPANIED BY COPIES OF THE DOCUMENTS REQUESTED BELOW AS FOLLOWS:**

Mailed Submissions:

Athira Pharma Securities Litigation
c/o Strategic Claims Services
P.O. Box 230
600 N. Jackson Street, Suite 205
Media, PA 19063

Online Submissions:

www.AthiraSecuritiesSettlement.com

If you are NOT a member of the Class, as defined in the accompanying Notice and below, DO NOT submit a Claim Form.

¹ All capitalized terms used in this Claim Form that are not defined herein have the meanings given to them in the Amended Stipulation.

4. **NOTICE TO INSTITUTIONAL FILERS:** Representatives with authority to file on behalf of (a) accounts of multiple Class Members and/or (b) institutional accounts with large numbers of transactions (“Representative Filers”) must submit information regarding their transactions in an electronic spreadsheet format. If you are a Representative Filer, you must contact the Settlement Administrator at efile@strategicclaims.net or visit their website at www.strategicclaims.net/institutional-filers/ to obtain the required file layout. Claims that are not submitted in electronic spreadsheet format and in accordance with the Settlement Administrator’s instructions may be subject to rejection. All Representative Filers **MUST** also submit a manually signed Claim Form, as well as proof of authority to file, along with the electronic spreadsheet format. Claim Forms should be combined on a legal entity basis, where applicable. Sub-accounts should be rolled up into a parent account if the sub-accounts contain the same tax identification number. No Claim Forms submitted in electronic spreadsheet format will be considered to have been properly submitted unless the Settlement Administrator issues to the Claimant a written acknowledgment of receipt and acceptance of electronically submitted data.

5. **NOTICE REGARDING ONLINE FILING:** Claimants who are not Representative Filers may submit their Claims online using the electronic version of the Claim Form hosted at www.AthiraSecuritiesSettlement.com. If you are not acting as a Representative Filer, you do not need to contact the Settlement Administrator prior to filing; you will receive an automated e-mail confirming receipt once your Claim Form has been submitted. If you are unsure if you should submit your Claim Form as a Representative Filer, please contact the Settlement Administrator at info@strategicclaims.net or (866) 274-4004. If you are not a Representative Filer, but your Claim Form contains a large number of transactions, the Settlement Administrator may request that you also submit an electronic spreadsheet showing your transactions to accompany your Claim Form.

II. CLAIMANT IDENTIFICATION

6. You are a member of the Class if you: (a) purchased or otherwise acquired Athira Pharma, Inc. publicly traded common stock during the period from September 17, 2020, through March 16, 2021, inclusive, and were damaged thereby (the “Securities Act Subclass”) and/or (b) purchased or otherwise acquired Athira Pharma, Inc. publicly traded common stock during the period from March 17, 2021 through June 17, 2021, inclusive, and were damaged thereby (the “Exchange Act Subclass”). If you purchased or acquired Athira publicly traded common stock and held the certificate(s) in your name, you are the beneficial purchaser or acquirer as well as the record purchaser or acquirer. If, however, you purchased or acquired Athira publicly traded common stock and the certificate(s) were registered in the name of a third party, such as a nominee or brokerage firm (“nominee”), you are the beneficial purchaser or acquirer and the third party is the record purchaser or acquirer.

7. Use Part I of this form entitled “Claimant Identification” to identify each beneficial purchaser/acquirer and purchaser/acquirer of record, if different from the beneficial purchaser/acquirer of the Athira shares that form the basis of this Claim. **THIS CLAIM FORM MUST BE FILED BY THE ACTUAL BENEFICIAL PURCHASER(S) OR ACQUIRER(S) OR THE LEGAL REPRESENTATIVE OF SUCH PURCHASER(S) OR ACQUIRER(S) OF THE ATHIRA PUBLICLY TRADED COMMON STOCK UPON WHICH THIS CLAIM FORM IS BASED.**

8. All joint purchasers or acquirers must sign this Claim Form. Executors, administrators, guardians, conservators, and trustees or others acting in a representative capacity on behalf of a Class Member must complete and sign this Claim Form on behalf of persons they represent, and submit evidence of their current authority to act on their behalf, including titles or capacities. The last four digits of the Social Security (or taxpayer identification) number and telephone number of the beneficial owner may be used in verifying the Claim Form. Failure to provide the foregoing information could delay verification of your Claim Form or result in rejection of the Claim Form.

III. IDENTIFICATION OF TRANSACTIONS

9. Use Part II of this form entitled “Schedule of Transactions in Athira Publicly Traded Common Stock” to supply all required details of your transaction(s) in Athira publicly traded 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. **THE PARTIES DO NOT OTHERWISE HAVE INFORMATION ABOUT YOUR TRANSACTIONS IN ATHIRA COMMON STOCK.**

10. On the schedules, provide all of the requested information with respect to **all** of your purchases or acquisitions and **all** of your sales of Athira publicly traded common stock which took place during the time periods requested below, whether such transactions resulted in a profit or a loss. You must also provide all of the requested information with respect to **all** of the shares of Athira publicly traded common stock you held at the close of trading on June 25, 2021 and September 15, 2021. Failure to report all such transactions may result in the rejection of your Claim Form.

11. 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.

12. The date of covering a “short sale” is deemed to be the date of purchase of Athira publicly traded common stock. The date of a “short sale” is deemed to be the date of sale of Athira publicly traded common stock.

13. For each transaction, copies of broker confirmations or other documentation of your transactions should be attached to your Claim Form. Failure to provide this documentation could delay verification of your Claim Form or result in rejection of your Claim Form.

14. **Dispute Resolution:** The Settlement Administrator will notify Claimants in writing about whether their Claim Forms are rejected in order to give Claimants the chance to remedy any curable deficiencies. If any Claimant whose Claim has been rejected, in whole or in part, desires to contest the rejection, the Claimant must, within 20 days after the date of the notice from the Settlement Administrator, submit a statement explaining the Claimant’s grounds for contesting the rejection, and requesting a review by Co-Lead Counsel. Co-Lead Counsel will make a final determination of the Claim dispute, in consultation with the Settlement Administrator.

PART I: CLAIMANT IDENTIFICATION

The Settlement Administrator will use this information for all communications regarding this Claim Form. If this information changes, you **MUST** notify the Settlement 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)

Record Owner Name (if different from Beneficial Owner(s) listed above)

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

Address1 (street name and number)

Address2 (apartment, unit, or box number)

City

State

ZIP/Postal Code

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Foreign Country (only if not USA)

Foreign County (only if not USA)

<input type="text"/>	<input type="text"/>
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Social Security Number (last four digits only) or Taxpayer Identification Number (last four digits only)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Telephone Number (day)

Telephone Number (evening)

<input type="text"/>	<input type="text"/>
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Email address

Claimant Account Type (check appropriate box):

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

PART II: SCHEDULE OF TRANSACTIONS IN ATHIRA PUBLICLY TRADED COMMON STOCK

A. Purchases or acquisitions of Athira publicly traded common stock from September 17, 2020, through June 17, 2021, inclusive (must be documented):

Purchase Date MM/DD/YY (List Chronologically)	Number of Shares Purchased	Total Purchase Price (excluding taxes, commissions, and fees, if any)	In an Offering Y/N
1. _____	1. _____	1. _____	1. _____
2. _____	2. _____	2. _____	2. _____
3. _____	3. _____	3. _____	3. _____
4. _____	4. _____	4. _____	4. _____
5. _____	5. _____	5. _____	5. _____
6. _____	6. _____	6. _____	6. _____

IMPORTANT: If any purchase listed covered a “short sale,” please mark Yes. Yes

B. Purchases during the 90-Day Lookback Period – State the total number of shares of Athira publicly traded common stock purchased from June 18, 2021, through September 15, 2021² (must be documented): _____

C. Sales of Athira publicly traded common stock from September 17, 2020 through September 15, 2021, inclusive (must be documented):

Sale Date MM/DD/YY (List Chronologically)	Number of Shares Sold	Sale Price Per Share	Total Sale Price (excluding taxes, commissions, and fees, if any)
1. _____	1. _____	1. _____	1. _____
2. _____	2. _____	2. _____	2. _____
3. _____	3. _____	3. _____	3. _____
4. _____	4. _____	4. _____	4. _____
5. _____	5. _____	5. _____	5. _____
6. _____	6. _____	6. _____	6. _____

D. Number of shares of Athira publicly traded common stock held at the close of trading on June 25, 2021 (must be documented): _____

E. Number of shares of Athira publicly traded common stock held at the close of trading on September 15, 2021 (must be documented): _____

² Information requested in this Claim Form with respect to your transactions from June 18, 2021, through September 15, 2021 is needed only in order for the Settlement Administrator to confirm that you have reported all relevant transactions. Purchases during this period, however, are not eligible for a recovery because these purchases are outside the Class Period.

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

YOU MUST READ AND SIGN THIS FORM ON PAGE 24 BELOW. FAILURE TO SIGN THIS FORM MAY RESULT IN A DELAY IN PROCESSING OR THE REJECTION OF YOUR CLAIM FORM.

CERTIFICATION

I (We) hereby state and represent that I am (we are) a member of the Class as defined in the Notice, and that I am (we are) not excluded from the Class as set forth in the Notice.

I (We) hereby state and represent that I (we) have not assigned or transferred or purported to assign or transfer, voluntarily or involuntarily, any Released Plaintiffs' Claim (as defined in the accompanying Notice).

I (We) hereby state and represent that I (we) have included information about all of my (our) purchases and sales of Athira publicly traded common stock that occurred during the time periods requested and the number of shares held by me (us), to the extent requested.

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

I (We) declare under penalty of perjury under the laws of the United States of America that all of the foregoing information supplied on this Claim Form by the undersigned is true and correct.

Executed this _____ day of _____, 2024 in _____,
(Month/Year) (City)

(State)

(Sign your name here)

(Type or print your name here)

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

**ACCURATE CLAIMS PROCESSING TAKES A SIGNIFICANT AMOUNT OF TIME.
THANK YOU FOR YOUR PATIENCE.**

Reminder Checklist:

1. Please sign the above acknowledgment.
2. If this Claim Form is being made on behalf of Joint Claimants, then both must sign.
3. Remember to attach copies of supporting documentation.
4. **Do not send** originals of certificates.
5. Keep a copy of your Claim Form and all supporting documentation for your records.
6. If you desire an acknowledgment of receipt of your Claim Form, please send it Certified Mail, Return Receipt Requested.
7. If you move, please send your new address to the address below.
8. **Do not use red pen or highlighter** on the Claim Form or supporting documentation.

**THIS CLAIM FORM MUST BE SUBMITTED ONLINE OR, IF MAILED, BE POSTMARKED
(OR BEARING OTHER PROOF OF MAILING) NO LATER THAN SEPTEMBER 6, 2024,
ADDRESSED AS FOLLOWS:**

Athira Pharma Securities Litigation
c/o Strategic Claims Services
P.O. Box 230
600 N. Jackson Street, Suite 205
Media, PA 19063
Tel: (866) 274-4004
Fax: (610) 565-7985
www.AthiraSecuritiesSettlement.com