

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

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In re LIGHTINTHEBOX HOLDING CO., LTD.,	:	Case No.: 1:13-cv-06016-VEC
SECURITIES LITIGATION	:	
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PROOF OF CLAIM AND RELEASE

I. GENERAL INSTRUCTIONS

1. The accompanying Notice of Proposed Settlement of Class Action and Settlement Fairness Hearing, and Motion for Attorneys' Fees and Reimbursement of Expenses (the "Notice") contains important information about your rights, defines certain settlement terms and eligibility criteria, and describes the proposed settlement and the manner in which the settlement will be distributed if the settlement is granted final approval by the Court. It is important that you read the Notice.

2. To recover as a member of the Settlement Class (as defined in the Notice) based on your claims in the action entitled *In re LightInTheBox Holding Co., Ltd., Securities Litigation*, No. 13-cv-6016 (VEC) (S.D.N.Y.) (the "Action"), you must review, complete and, on page 22 hereof, sign this Proof of Claim and Release ("Proof of Claim"). If you fail to submit a Proof of Claim by the February 25, 2015 deadline, your claim may be rejected and you may be precluded from receiving any recovery from the settlement fund created in connection with the proposed settlement of the Action (the "Settlement").

3. Submission of a Proof of Claim does not assure that you will share in the proceeds of the Settlement if other requirements are not met.

4. The Settlement Class consists of all Persons purchased or otherwise acquired American Depository Shares (ADSs) of LITB between June 6, 2013 and August 19, 2013, inclusive, excluding those Persons who timely and validly request exclusion from the Settlement Class (the "Settlement Class"). The requirements to timely and validly request exclusion are described in the Notice you received with this Form. Even if you do not fill out this Proof of Claim, any and all claims you may have against the Defendants and Released Parties (as defined in the Notice) in this Action will be released by virtue of your being a non-excluded member of the Settlement Class *unless* you timely and validly request exclusion. If you fail to file a timely and properly addressed Proof of Claim, your claim may be rejected and you may be precluded from any recovery from the settlement fund created in connection with the Settlement.

5. YOU MUST SUBMIT YOUR COMPLETED AND SIGNED PROOF OF CLAIM SO THAT IT IS RECEIVED NO LATER THAN FEBRUARY 25, 2015, ADDRESSED AS FOLLOWS:

LightInTheBox (LITB) Securities Litigation
Claims Administrator
c/o Strategic Claims Services
P.O. Box 230
600 N. Jackson Street, Suite 3
Media, PA 19063
(by regular mail)

6. Strategic Claims Services (the “Claims Administrator”) will acknowledge receipt of your Proof of Claim by mail or email within 45 days of receipt. Your claim is not deemed filed until you receive such an acknowledgment. If you do not receive an acknowledgment within 45 days, please contact the Claims Administrator by telephone toll free at (866) 274-4004.

7. You should complete this Proof of Claim only if you are a member of the Settlement Class. If you are NOT a member of the Settlement Class because you do not meet the criteria in Paragraph 4 above or because you intend to request exclusion from the Settlement Class, DO NOT submit a Proof of Claim.

IF YOU ARE A MEMBER OF THE SETTLEMENT CLASS AND YOU DO NOT FILE A PROOF OF CLAIM, YOU WILL NOT RECEIVE ANY PAYMENT FROM THE SETTLEMENT FUND BUT YOU WILL NEVERTHELESS BE BOUND BY THE ORDER FINALLY APPROVING THE SETTLEMENT AND THE JUDGMENT DISMISSING THIS ACTION AS AGAINST THE DEFENDANTS, AND ALL ORDERS AND RELEASES THEREIN, UNLESS YOU PROPERLY EXCLUDE YOURSELF FROM THE SETTLEMENT CLASS BY FILING A TIMELY AND VALID REQUEST FOR EXCLUSION.

II. INSTRUCTIONS FOR THE PROOF OF CLAIM FORM

1. In Part II of the attached Proof of Claim form, entitled “Schedule of Acquisitions of ADSs,” supply all required details of your acquisitions of LITB ADSs. If you need more space or additional schedules, attach separate sheets giving all of the required information in substantially the same form. Sign and legibly print or type your name on each additional sheet.

2. Please provide all of the requested information with respect to all of your acquisitions of ADSs from your first acquisition to the present date, inclusive. Failure to report all transactions may result in the rejection of your claim. List each transaction separately and in chronological order, by date of acquisition, beginning with the earliest. You must accurately provide the month, day and year of each transaction you list.

3. You **must** also submit supporting documentation concerning **all** of your ADS transactions and holdings. In most cases, trade confirmations will be sufficient. If you do not have such documentation, you may also attach any documents or schedules that you attached to any tax return that reflect acquisition of ADSs. Failure to provide this documentation will delay verification or result in rejection of your claim.

5. The above materials are designed to provide the minimum amount of information necessary to process many claims. The Claims Administrator may request from you or any nominee, custodian or similar person who invested on your behalf additional information as required to efficiently and reliably verify your claims.

MUST BE RECEIVED
NO LATER THAN
FEBRUARY 25, 2015

In re LightInTheBox Holding Co., Ltd., Securities Litigation Case
No. 13-cv-06016 (VEC)
PROOF OF CLAIM

For Official Use Only

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Please Type or Print – Use Blue or Black Ink Only

PART I. CLAIMANT IDENTIFICATION - Complete either Section A or B.

A. Complete this Section ONLY if the beneficial owner is an individual, joint, UGMA, UTMA or IRA account. Otherwise, proceed to B.

Claimant Name(s) (as you would like the name(s) to appear on the check, if eligible for payment):

Claimant Social Security Number/Taxpayer ID Number:

Name of the Person you would like the Claims Administrator to Contact Regarding This Claim (if different from the Claimant Name(s) listed above):

Claimant or Representative Contact Information:

The Claims Administrator will use this information for all communications relevant to this Claim (including the check, if eligible for payment). If this information changes, you MUST notify the Claims Administrator in writing at the address above.

Street Address:

City:

State and Zip Code:

Country (Other than U.S.):

Daytime Telephone Number:

Evening Telephone Number:

Email Address:

(Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to your claim.)

B. Complete this Section ONLY if the beneficial owner is an entity; i.e., corporation, trust, estate, etc.

Entity Name

Name of Representative (Executor, administrator, trustee, corporate officer, etc.)

PART II. SCHEDULE OF TRANSACTIONS IN ADSs

- A. **BEGINNING/HOLDINGS:** State the number of American Depository Shares (“ADSs”) of LITB held at the close of trading on June 5, 2013. If none, write “zero” or “0.” If other than zero, be sure to attach the required documentation.

Number of ADS: _____.

- B. **PURCHASES/ACQUISITIONS:** Separately list each and every purchase or acquisition of LITB ADSs during the period of June 6, 2013 through and including November 15, 2013.

Trade Date Month Day Year	Number of ADS Purchased or Acquired	Purchase or Acquisition Price Per ADS	Total Purchase or Acquisition Cost (Excluding Commissions Fees and Taxes)	Currency Type (Ex. USD, EUR or RMB)
1. _____	1. _____	1. _____	1. _____	1. _____
2. _____	2. _____	2. _____	2. _____	2. _____
3. _____	3. _____	3. _____	3. _____	3. _____
4. _____	4. _____	4. _____	4. _____	4. _____
5. _____	5. _____	5. _____	5. _____	5. _____

- C. **SALES OR REDEMPTIONS:** Separately list each and every sale of LITB ADS during the period of June 6, 2013 through and including November 15, 2013.

Trade Date Month Day Year	Number of ADS Sold or Redeemed	Sales or Redemption Price Per Share	Total Sales or Redemption Cost (Excluding Commissions Fees and Taxes)	Currency Type (Ex. USD, EUR or RMB)
1. _____	1. _____	1. _____	1. _____	1. _____
2. _____	2. _____	2. _____	2. _____	2. _____
3. _____	3. _____	3. _____	3. _____	3. _____
4. _____	4. _____	4. _____	4. _____	4. _____
5. _____	5. _____	5. _____	5. _____	5. _____

- D. **UNSOLD HOLDINGS:** State the total number of ADSs held as of the close of trading on November 15, 2013. If other than zero, be sure to attach the required documentation.

Number of ADS: _____.

IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS, YOU MUST PHOTOCOPY THESE PAGES, SIGN AND PRINT YOUR NAME ON EACH ADDITIONAL PAGE AND CHECK THIS BOX ☐

YOU MUST READ THE REPRESENTATIONS AND CERTIFICATION ON PAGES 21 AND 22 AND SIGN THE CERTIFICATION ON PAGE 22.

PART III. REPRESENTATIONS AND RELEASE OF CLAIMS

This Proof of Claim and Release incorporates by reference the definitions in the Stipulation of Settlement dated as of September 4, 2014 (the “Stipulation”), and all terms used herein shall have the same meaning as set forth in the Stipulation.

I (we) _____ (“Claimant(s)”) submit this Proof of Claim and Release under the terms of the Order Preliminarily Approving Settlement entered November 26, 2014.

By signing and submitting this Proof of Claim and Release, the Claimant(s) or the person(s) who represents Claimant(s) certifies, as follows:

1. Claimant(s) is (are) a Settlement Class Member(s) (as defined in the Notice), not one of the persons or entities excluded from the Settlement Class and not acting on behalf of any such excluded person or entity, and has (have) not requested to be excluded from the Settlement Class;
2. I (we) believe that I am (we are) eligible to receive a distribution under the terms and conditions of the Plan of Allocation as defined and set forth in the Notice, and that I (we) have not submitted any other Proof of Claim in this Action covering the same holdings in LITB ADSs and know of no other person having done so on my (our) behalf;
3. I (We) hereby warrant and represent that I (we) have included information about all of my (our) holdings of ADSs and all of my (our) transactions relating to those ADS holdings. I (we) agree to furnish such additional information with respect to this Proof of Claim as the parties or the Court may require. I (We) authorize any nominee, custodian or similar person who is the registered shareholder or limited partner of record with respect to the ADSs for which I am (we are) the beneficial owner(s) to disclose to the Claims Administrator my (our) status as the beneficial owner(s) and information regarding transactions related to my (our) holdings in the Company’s ADSs.
4. I (We) hereby acknowledge that I (we) submit to the jurisdiction of the United States District Court for the Southern District of New York with respect to my (our) claim as a Settlement Class Member(s) (as defined in the Notice), for purposes of enforcing the release set forth in any judgments or orders which may be entered in the Action;
5. I (We) hereby warrant and represent that I (we) have read the Notice, Proof of Claim, and the Stipulation of Settlement (the “Stipulation”) and understand that, pursuant to ¶ 6.1 of the Stipulation and through operation of the final judgment to be entered by the Court, I (we) shall have fully and finally relinquished all Released Claims against the Released Parties as set forth in ¶ 6.1 of the Stipulation and the defined terms set forth therein. I (We) further acknowledge and agree that I am (we are) bound by and subject to the terms of any judgment that may be entered in the Action, including without limitation, the release of claims against the Released Parties as set forth in ¶ 6.1 of the Stipulation and the defined terms set forth therein.

I (WE) DECLARE, UNDER THE PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES OF AMERICA, THAT ALL OF THE FOREGOING INFORMATION SUPPLIED ON THIS

PROOF OF CLAIM FORM BY THE UNDERSIGNED IS TRUE AND CORRECT AND THE DOCUMENTS SUBMITTED HEREWITH ARE TRUE AND GENUINE.

Signature of Claimant

Signature of Joint Claimant, if any

Print Name of Claimant

Print Name of Joint Claimant, if any

Date

Date

If claimant is other than an individual, or is not the person completing this form, the following also must be provided:

Signature of Person Completing Form

Print Name of Person Completing Form

Date

Capacity of person signing on behalf of claimant, if other than an individual, e.g., executor, president, custodian, etc.

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

REMINDER CHECKLIST:

1. Please sign the claim form on page 22 above.
2. Remember to attach supporting documentation for all LITB ADS transactions.
3. Keep a copy of your claim form and supporting documentation for your records.
4. The Claims Administrator will acknowledge receipt of your Proof of Claim by mail or email within 45 days of receipt. Your claim is not deemed filed until you receive such an acknowledgment. If you do not receive an acknowledgment within 45 days, please contact the Claims Administrator by telephone toll free at (866) 274-4004.
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 to deliver a payment to you.

**THIS PROOF OF CLAIM MUST BE RECEIVED BY THE CLAIMS ADMINISTRATOR
NO LATER THAN FEBRUARY 25, 2015 AT THE FOLLOWING ADDRESS:**

LightInTheBox (LITB) Securities Litigation
Claims Administrator
c/o Strategic Claims Services
P.O. Box 230
600 N. Jackson Street, Suite 3
Media, PA 19063

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LightInTheBox (LITB) Securities Litigation
c/o Strategic Claims Services
600 N. Jackson Street, Suite 3
Media, PA 19063

FIRST CLASS MAIL

PLEASE FORWARD - IMPORTANT LEGAL NOTICE