

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF PENNSYLVANIA

GRAHAM ANDERSON, on Behalf of Himself) and All Others Similarly Situated,) Plaintiff,) v.) POLYMEDIX, INC., NICHOLAS) LANDEKIC, EDWARD F. SMITH, and R.) ERIC MCALLISTER,) Defendants.) <hr/>	Case No. 2:12-cv-03721-MAM <u>CLASS ACTION</u> PROOF OF CLAIM AND RELEASE
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I. GENERAL INSTRUCTIONS

1. To recover as a Settlement Class Member in the action entitled *Anderson v. PolyMedix, Inc.*, No. 2:12-cv-03721-MAM (the "Action"), you must complete and, on page 6 hereof, sign this Proof of Claim and Release Form ("Proof of Claim"). If you fail to file a properly addressed 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.

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

3. You must mail your completed and signed Proof of Claim postmarked no later than ninety calendar days after entry of the Preliminary Approval Order, by April 13, 2015, addressed as follows:

Claims Administrator
Anderson v. PolyMedix, Inc.
Angeion Group
1801 Market St., Suite 660,
Philadelphia, PA 19103

4. If you are NOT a member of the Settlement Class (as defined below) DO NOT submit a Proof of Claim and Release.

5. If you are a Settlement Class Member (as defined below) and you did not timely request exclusion in connection with the proposed settlement, you are bound by the terms of any judgment entered in the Action, including the releases provided therein, whether or not you submit a Proof of Claim.

II. CLAIMANT IDENTIFICATION

6. This Proof of Claim and Release is directed to all persons and entities who purchased or otherwise acquired PolyMedix, Inc. ("PolyMedix") common stock during the period between March 7, 2011 and May 10, 2012, inclusive ("Settlement Class Period"), and who were allegedly damaged thereby. Excluded from the Settlement Class are: (i) Defendants; (ii) any entity in which any Defendant has or had a controlling interest or that is a parent or subsidiary or is controlled by any Defendant; (iii) any person who was an officer or director of PolyMedix during the Settlement Class Period; (iv) Defendants' affiliates, legal representatives, heirs, predecessors, successors, or assigns; and (v) members of the Remaining Defendants' immediate families. Also excluded from the Settlement Class are those Persons who timely and validly request exclusion from the Settlement Class pursuant to the Notice of Pendency of Settlement.

7. If you purchased PolyMedix common stock during the Settlement Class Period and held the certificate(s) in your name, you are the beneficial purchaser as well as the record purchaser. If, however, you purchased PolyMedix common stock and the certificate(s) were registered in the name of a third party, such as a nominee or brokerage firm, you are the beneficial purchaser and the third party is the record purchaser.

8. Use Part I of this form entitled "Claimant Identification" to identify each purchaser of record ("nominee"), if different from the beneficial purchaser of the PolyMedix common stock which forms the basis of this Proof of Claim. This Proof of Claim must be filed by the actual beneficial purchaser(s) or the legal representative of such purchaser(s) of the PolyMedix common stock upon which this Proof of Claim is based.

9. All joint purchasers must sign this Proof of Claim. Executors, administrators, guardians, conservators, and trustees must complete and sign this Proof of Claim on behalf of persons represented by them and their authority must accompany this Proof of 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 Proof of Claim. Failure to provide the foregoing information could delay verification of your claim or result in rejection of the claim.

III. PROOF OF CLAIM FORM

10. Use Part II of this form entitled "Schedule of Transactions in PolyMedix Common Stock" to supply all required details of your transaction(s). 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.

11. On the schedules, provide all of the requested information with respect to **all** of your purchases/acquisitions/free receipts and sales/transfers/free deliveries of PolyMedix common stock during the Settlement Class Period, 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 PolyMedix common stock you held at the close of trading on March 6, 2011 and May 10,

2012. Failure to report all such transactions and positions may result in the rejection of your claim.

12. List each transaction in the Settlement Class Period 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. The date of covering a "short sale" is deemed to be the date of purchase of PolyMedix common stock. The date of a "short sale" is deemed to be the date of sale of PolyMedix common stock.

13. Copies of broker confirmations or other documentation of your transactions in PolyMedix common stock should be attached to your Proof of Claim. Failure to provide this documentation could delay verification of your Proof of Claim or result in rejection of your claim.

14. 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 whether or not they also submit electronic copies. If you wish to file your Proof of Claim electronically, you must contact the Claims Administrator at PolyMedix@AngeionGroup.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.

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

Reminder Checklist:

1. Please sign the release and declaration.
2. Remember to attach supporting documentation, if available.
3. Do not send original stock certificates.
4. Keep a copy of your Proof of Claim and all supporting documentation for your records.
5. If you desire an acknowledgment of receipt of your Proof of Claim, please send it Certified Mail, Return Receipt Requested.
6. If you move, please send us your new address.

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF PENNSYLVANIA
Anderson v. PolyMedix, Inc., Case No. 2:12-cv-03721-MAM
PROOF OF CLAIM AND RELEASE

**Must Be Postmarked No Later Than:
April 13, 2015**

Please Type or Print

PART I: CLAIMANT IDENTIFICATION

Beneficial Owner's Name (First, Middle, Last)

Street Address

City

State or Province

Zip Code or Postal Code

Country

Social Security Number or
Employer Identification Number

Individual
Corporation/Other

Area Code

Telephone Number (work)

Area Code

Telephone Number (home)

Record Owner's Name (if different from beneficial owner listed above)

PART II: SCHEDULE OF TRANSACTIONS IN POLYMEDIX COMMON STOCK

- A. Number of shares of PolyMedix common stock held at the close of trading on March 6, 2011: _____
- B. Purchases/acquisitions/free receipts of PolyMedix common stock (March 7, 2011-May 10, 2012, inclusive):

Trade Date Month Day Year	Number of Shares Purchased	Price Per Share	Total Purchase Price
1. _____	1. _____	1. _____	1. _____
2. _____	2. _____	2. _____	2. _____
3. _____	3. _____	3. _____	3. _____

- C. Sales/transfers/free deliveries of PolyMedix common stock (March 7, 2011-May 10, 2012, inclusive):

Trade Date Month Day Year	Number of Shares Sold	Price Per Share	Total Sales Price
1. _____	1. _____	1. _____	1. _____
2. _____	2. _____	2. _____	2. _____
3. _____	3. _____	3. _____	3. _____

- D. Number of shares of PolyMedix common stock held at the close of trading on May 10, 2012: _____

YOU MUST READ AND SIGN THE RELEASE ON PAGES 6-7. FAILURE TO SIGN THE RELEASE MAY RESULT IN A DELAY IN PROCESSING OR THE REJECTION OF YOUR CLAIM.

IV. SUBMISSION TO JURISDICTION OF COURT AND ACKNOWLEDGMENTS

I (We) submit this Proof of Claim under the terms of the Stipulation of Settlement described in the Notice. I (We) also submit to the jurisdiction of the U.S. District Court for the Eastern District of Pennsylvania, with respect to my (our) claim as a Claimant and for purposes of enforcing the release 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 the Action. I (We) agree to furnish additional information to the Claims Administrator to support this claim (including transactions in other PolyMedix securities) if requested to do so. I (We) have not submitted any other claim covering the same purchases or sales of PolyMedix common stock during the Settlement Class Period and know of no other person having done so on my (our) behalf.

V. RELEASE

1. I (We) hereby acknowledge full and complete satisfaction of, and do hereby fully, finally, and forever settle, release, and discharge from the Claims and Unknown Claims each and all of the Released Parties.

2. I (We) hereby warrant and represent that I (we) have not assigned or transferred or purported to assign or transfer, voluntarily or involuntarily, any matter released pursuant to this release or any other part or portion thereof.

3. I (We) hereby warrant and represent that I (we) have included information about all of my (our) transactions in PolyMedix common stock which occurred during the Settlement Class Period as well as the number of shares of PolyMedix common stock held by me (us) at the close of trading on March 6, 2011 and May 10, 2012.

4. I (We) certify that the Social Security number(s)/employer identification number provided are accurate and complete, if applicable.

5. 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. **NOTE:** If you have been notified by the Internal Revenue Service that you are subject to backup withholding, please strike out the language that you are not subject to backup withholding in the certification above.

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 Proof of Claim by the undersigned is true and correct.

Executed this ____ day of _____ (Month/Year) in _____ (City/State/Country).

(Sign your name here)

(Type or print your name here)

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

Executed this ____ day of _____ (Month/Year) in _____ (City/State/Country).

(Sign your name here)

(Type or print your name here)

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