# UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF TEXAS HOUSTON DIVISION

LAWRENCE ROUGIER, et al., Individually and on Behalf of All Others Similarly Situated,

Plaintiffs,

Case No. 4:17-cv-2399-VDG-CAB

V.

APPLIED OPTOELECTRONICS, INC., CHIH-HSIANG (THOMPSON) LIN, and STEFAN J. MURRY,

Defendants.

#### PROOF OF CLAIM AND RELEASE

#### I. GENERAL INSTRUCTIONS

- 1. To recover as a member of the Settlement Class based on your claims in the action entitled *Rougier v. Applied Optoelectronics, Inc., et al.,* Case No. 4:17-cv-2399-VDG-CAB (S.D. Tex.) (the "Action"), you must complete and, on page 7 below, sign this Proof of Claim and Release form ("Claim Form"). If you fail to submit a timely and properly addressed (as explained in paragraph 3 below) 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.
- 2. Submission of this Claim Form, however, does not assure that you will share in the proceeds of the Settlement of the Action
- 3. THIS CLAIM FORM MUST BE POSTMARKED NO LATER THAN NOVEMBER 19, 2020, ADDRESSED AS FOLLOWS:

Applied Optoelectronics Securities Litigation c/o RG2 Claims Administration, LLC P.O. Box 59479 Philadelphia, PA, 19102-9479 info@rg2claims.com (866) 742-4955 (215) 979-1620

4. If you are a member of the Settlement Class and you do not timely request exclusion in response to the Notice dated August 26, 2020, you are bound by the terms of any judgment entered in the Action, including the releases provided therein, WHETHER OR NOT YOU SUBMIT A CLAIM FORM OR RECEIVE A PAYMENT.

#### II. CLAIMANT IDENTIFICATION

- 1. If you purchased or otherwise acquired publicly traded common stock and/or call options of AOI, or sold put options of AOI, during the period from February 23, 2017 through February 21, 2018, inclusive, (the "Class Period") and held the securities in your name, you are the beneficial owner as well as the record owner. If, however, you purchased, otherwise acquired, or sold Applied Optoelectronics, Inc. ("AOI") securities during the Class Period through a third party, such as a brokerage firm, you are the beneficial owner and the third party is the record owner.
- 2. Use **Part A** of this form entitled "Claimant Information" to identify each beneficial owner of AOI securities that form the basis of this claim, as well as the owner of record if different. THIS CLAIM MUST BE FILED BY THE ACTUAL BENEFICIAL OWNERS OR THE LEGAL REPRESENTATIVE OF SUCH OWNERS.

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

#### III. IDENTIFICATION OF TRANSACTIONS

- 1. Use **Part B** of this form entitled "Schedule of Transactions in AOI Common Stock" to supply all required details of your transaction(s) in AOI common stock, **Part C** entitled "Schedule of Transactions in AOI Call Options" to supply all required details of your transaction(s) in AOI call options and **Part D** entitled "Schedule of Transactions in AOI Put Options" to supply all required details of your transaction(s) in AOI put options. 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.
- 2. On the schedules, provide all of the requested information with respect to your holdings, purchases, acquisitions, and sales of AOI securities, whether the transactions resulted in a profit or a loss. Failure to report all such transactions may result in the rejection of your claim.
- 3. The date of covering a "short sale" is deemed to be the date of purchase of AOI common stock. The date of a "short sale" is deemed to be the date of sale of AOI common stock.
- 4. Copies of broker confirmations or other documentation of your transactions must be attached to your claim. Failure to provide this documentation could delay verification of your claim or result in rejection of your claim. **THE PARTIES DO NOT HAVE INFORMATION ABOUT YOUR TRANSACTIONS IN AOI SECURITIES.**
- 5. 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 Claim Form whether or not they also submit electronic copies. If you wish to file your claim electronically, you must contact the Claims Administrator at (866) 742-4955 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.

# PART A – CLAIMANT INFORMATION

The Claims Administrator will use this information for all communications regarding this Claim Form. If this information changes, you MUST notify the Claims Administrator in writing at the address above. Complete names of all persons and entities must be provided.

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## PART B: TRANSACTIONS IN AOI COMMON STOCK

Complete this Part B if, and only if, you purchased/acquired AOI common stock during the period from February 23, 2017, through February 21, 2018, inclusive. Please include proper documentation with your Claim Form as described in detail in Section III – Identification of Transactions, above. Do not include information in this section regarding securities other than AOI common stock

IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS YOU MUST PHOTOCOPY THE TRANSACTION PAGE NEEDED AND CHECK THIS BOX	
IF YOU DO NOT CHECK THIS BOX THESE ADDITIONAL PAGES WILL	
NOT BE REVIEWED	

<b>1. BEGINNING HOLDINGS</b> – State the total number of shares of common stock held as of the opening of trading on February 23, 2017. If none, write "0" or "Zero." (Must be documented.)												
2. PURCHASES/ACOU	ISITIONS DURING	THE CLASS PERI	OD – Separately list each and									
every purchase/acquisition of common stock or call options from after the opening of trading on												
February 23, 2017 through and including February 21, 2018. (Must be documented.)												
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4. SALES DURING THI												
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5. ENDING HOLDINGS	S – State the total nur	mber of shares of con	nmon stock held as of the close									
of trading on May 22	2, 2018. If none,	write "0" or "Ze	ro." (Must be documented.)									

<sup>1</sup> Please Note: Information requested with respect to your purchases/acquisitions of AOI common stock from after the opening of trading on February 22, 2018, through and including the close of trading on May 22, 2018, is needed in order to balance your claim; purchases/acquisitions during this period, however, are not eligible under the Settlement and will not be used for purposes of calculating your Recognized Loss pursuant to the Plan of Allocation.

#### PART C: SCHEDULE OF TRANSACTIONS IN AOI CALL OPTIONS

Complete this Part C if and only if you purchased/acquired AOI Call Options during the period from February 23, 2017, through February 21, 2018, inclusive. Please include proper documentation with your Claim Form as described in detail in Section III – Identification of Transactions, above. Do not include information in this section regarding securities other than AOI Call Options.

Strike Price of Call Option Contract    Strike Price of Call Option Contract (Month/Day/Year)   S	1. BEGINNING HOLDINGS – Separately list all positions in AOI Call Option   IF NONE, CHECK HERE											K HERE	
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<sup>2</sup> Please note: Information requested with respect to your purchases/acquisitions of AOI Call Options from after the opening of trading on February 22, 2018, through and including the close of trading on May 22, 2018, is needed in order to balance your claim; purchases/acquisitions during this period, however, are not eligible under the Settlement and will not be used for purposes of calculating your Recognized Loss pursuant to the Plan of Allocation.

# PART D: SCHEDULE OF TRANSACTIONS IN AOI PUT OPTIONS

Complete this Part D if and only if you sold (wrote) AOI Put Options during the period from February 23, 2017, through February 21, 2018, inclusive. Please include proper documentation with your Claim Form as described in detail in Section III – Identification of Transactions, above. Do not include information in this section regarding securities other than AOI Put Options.

1. BEGINNING HOLDINGS – Separately list all positions in AOI Put Option IF NONE, CHECK HERE										K HERE			
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<sup>3</sup> Please note: Information requested with respect to your sales of AOI Put Options from after the opening of trading on February 22, 2018, through and including the close of trading on May 22, 2018, is needed in order to balance your claim; sales during this period, however, are not eligible under the Settlement and will not be used for purposes of calculating your Recognized Loss pursuant to the Please of Allegation.

#### IV. SUBMISSION TO JURISDICTION OF COURT AND ACKNOWLEDGMENTS

1. By signing and submitting this Claim Form, the claimant(s) or the person(s) acting on behalf of the claimant(s) certify(ies) that: I (We) submit this Claim Form under the terms of the Stipulation described in the accompanying Notice. I (We) also submit to the jurisdiction of the United States District Court for the Southern District of Texas (the "Court") with respect to my (our) claim as a Settlement Class Member(s) and for purposes of enforcing the releases set forth herein. I (We) further acknowledge that I (we) will be bound by the terms of any judgment entered in connection with the Settlement in the Action, including the releases set forth therein. I (We) agree to furnish additional information to the Claims Administrator to support this claim, such as additional documentation for transactions in eligible AOI securities, if required to do so. I (We) have not submitted any other claim covering the same transactions in AOI securities stock during the Class Period and know of no other person having done so on my (our) behalf.

#### V. RELEASES, WARRANTIES, AND CERTIFICATION

- 1. I (We) hereby warrant and represent that I am (we are) a Class Member as defined in the Notice, that I am (we are) not excluded from the Settlement Class, that I am (we are) not one of the "Released Defendant Parties" as defined in the accompanying Notice.
- 2. As a Class Member, I (we) hereby acknowledge full and complete satisfaction of, and do hereby fully, finally, and forever settle, release, and discharge with prejudice the Released Claims as to each and all of the Released Defendant Parties (as these terms are defined in the accompanying Notice). This release shall be of no force or effect unless and until the Court approves the Settlement and it becomes effective on the Effective Date.
- 3. 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.
- 4. I (We) hereby warrant and represent that I (we) have included information about all of my (our) purchases, acquisitions and sales of AOI securities that occurred during the Class Period and the number of securities held by me (us), to the extent requested.
- 5. 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 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(Month / Year)	, in(City)	(State/Country)						
Signature of Clai	mant	Signature of J	Signature of Joint Claimant, if any						
Print Name of Cl	aimant	Print Name of	f Joint Claimant, if any						
(Capacity of pers	on(s) signing, e.g., Beneficial	Purchaser, Executor or Administrator	or)						

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

## **REMINDER CHECKLIST:**

- 1. Please sign this Claim Form.
- 2. DO NOT HIGHLIGHT THE CLAIM FORM OR YOUR SUPPORTING DOCUMENTATION.
- 3. Attach only copies of supporting documentation as these documents will not be returned to you.
- 4. Keep a copy of your Proof of Claim for your records.
- 5. If you move after submitting this Claim Form please notify the Claims Administrator of the change in your address, otherwise you may not receive additional notices or payment.