

**Advanced Micro Devices, Inc. Securities Litigation  
Claims Administrator  
c/o Epiq Systems, Inc.  
P.O. Box 4349  
Portland, OR 97208-4349  
Toll-Free Number: (844) 855-8569  
Email: [info@AMDSecuritiesLitigation.com](mailto:info@AMDSecuritiesLitigation.com)  
Settlement Website: [www.AMDSecuritiesLitigation.com](http://www.AMDSecuritiesLitigation.com)**

**PROOF OF CLAIM AND RELEASE FORM**

To recover as a Class Member based on your claims in the action entitled *Hatamian, et al. v. Advanced Micro Devices, Inc., et al.*, Case No. 14-cv-00226-YGR (N.D. Cal.) (the “Action”), YOU MUST MAIL OR SUBMIT ONLINE YOUR COMPLETED PROOF OF CLAIM FORM (“CLAIM FORM”), ACCOMPANIED BY COPIES OF THE DOCUMENTS REQUESTED HEREIN, **TO THE ABOVE ADDRESS, ON OR BEFORE FEBRUARY 13, 2018.**

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

If you are a Class Member, and you did not timely and validly request exclusion in connection with the previously mailed Notice of Pendency of Class Action or the Settlement Notice, you are bound by the terms of any judgment entered in the Action, including the releases provided therein, **WHETHER OR NOT YOU SUBMIT THIS CLAIM FORM.**

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**PART I – CLAIMANT IDENTIFICATION**

When filling out this form, type or print in the boxes below in CAPITAL LETTERS; do not use red ink, pencils, or staples. Instructions are on page 3.

Beneficial Owner's First Name	MI	Beneficial Owner's Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Co-Beneficial Owner's First Name	MI	Co-Beneficial Owner's Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Entity Name (if claimant is not an individual)

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

Address1 (street name and number)

Address2 (apartment, unit, or box number)

City	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Foreign Country (only if not USA)

Social Security Number	OR	Taxpayer Identification Number
<input type="text"/> - <input type="text"/> - <input type="text"/>		<input type="text"/> - <input type="text"/>

Telephone Number (home)	Telephone Number (work)
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>

Email Address

Account Number (if filing for multiple accounts, file a separate Claim Form for each account)

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 – GENERAL INSTRUCTIONS**

If you purchased or otherwise acquired shares of the publicly traded common stock of Advanced Micro Devices, Inc. (“AMD” or the “Company”) during the period from April 4, 2011 through October 18, 2012, inclusive (the “Class Period”), use Part I of this form entitled “Claimant Identification” to list the claimant name, mailing address, and account information if relevant (such as for a claim submitted on behalf of an IRA, Trust, or estate account). Please list the most current claimant or account name, as this is the information that will appear on a check, if the claim is eligible for payment. Please also provide a telephone number and/or e-mail address, in the event the Claims Administrator needs to contact you with questions about the claim. If your Claimant Identification information changes, please notify the Claims Administrator in writing at the address below.

All joint purchasers must sign this Claim Form. If you are acting in a representative capacity on behalf of a Class Member (for example, as an executor, administrator, trustee, or other representative), you must submit evidence of your current authority to act on behalf of that Class Member. Such evidence would include, for example, letters testamentary, letters of administration, or a copy of the trust documents or other documents which provide you with the authority to submit the claim. Please also indicate your representative capacity under your signature on page 5 of this Claim Form.

Use Part III of this form entitled “Schedule of Transactions in AMD Publicly Traded Common Stock” to supply all required details of your transaction(s). Neither the Claims Administrator, the Defendants, nor the Class Representatives have access to your transactional information. 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.

On the schedules, provide all of the requested information with respect to all of your purchases or acquisitions of AMD publicly traded common stock which took place from April 4, 2011 through January 16, 2013, inclusive, and *all* of your sales of AMD common stock which took place from April 4, 2011 through January 16, 2013, whether such transactions resulted in a profit or a loss. You must also provide the amount of AMD publicly traded common stock you held at the beginning of trading on April 4, 2011 and at the close of trading on January 16, 2013. This information is needed in order to calculate your claim under the Plan of Allocation. Failure to report all such transactions may result in the rejection of your claim.

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.

The date of covering a “short sale” is deemed to be the date of purchase of AMD common stock. The date of a “short sale” is deemed to be the date of sale of AMD common stock.

**COPIES OF BROKER CONFIRMATIONS OR OTHER DOCUMENTATION OF YOUR TRANSACTIONS SHOULD BE ATTACHED TO YOUR CLAIM. FAILURE TO PROVIDE THIS DOCUMENTATION COULD DELAY VERIFICATION OF YOUR CLAIM OR RESULT IN REJECTION OF YOUR CLAIM.**



**PART IV – SUBMISSION TO JURISDICTION OF COURT AND ACKNOWLEDGMENTS**

1. I (We) submit this Claim Form under the terms of the Stipulation and Agreement of Settlement described in the Settlement Notice, available at [www.AMDSecuritiesLitigation.com](http://www.AMDSecuritiesLitigation.com). I (We) also submit to the jurisdiction of the United States District Court, Northern District of California, with respect to my (our) claim as a Class Member. 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 if requested to do so. I (We) have not submitted any other claim covering the same purchases or sales of AMD common stock during the relevant periods and know of no other person having done so on my (our) behalf.

2. I (We) hereby warrant and represent that I (we) have included information about all of my (our) purchases of AMD common stock that took place from April 4, 2011 through January 16, 2013, and all of my (our) sales of AMD common stock from April 4, 2011 through January 16, 2013, as well as the number of shares held by me (us) at the opening of trading on April 4, 2011 and the close of trading on January 16, 2013.

I (We) declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed this \_\_\_\_\_ day of \_\_\_\_\_  
(Month/Year)

Signature of Claimant

Signature of Joint Claimant, if any

Print Name of Claimant

Print Name of Joint Claimant, if any

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

**Reminder Checklist:**

1. Please sign above.
2. Remember to attach copies of supporting documentation.
3. **Do not send** originals of certificates or other documentation as they will not be returned.
4. Keep a copy of your Claim Form and all supporting documentation for your records.
5. If you desire an acknowledgment of receipt of your Claim Form, please send it Certified Mail, Return Receipt Requested.
6. If you move, please send your new address to the address below.
7. **Do not use red pen or highlighter** on the Claim Form or supporting documentation.

**THIS CLAIM FORM MUST BE SUBMITTED ONLINE OR, IF MAILED, POSTMARKED NO LATER THAN FEBRUARY 13, 2018, ADDRESSED AS FOLLOWS:**

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