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UNITED STATES DISTRICT COURT  
CENTRAL DISTRICT OF CALIFORNIA

JOSEPH FRAGALA, INDIVIDUALLY AND ON  
BEHALF OF ALL OTHERS SIMILARLY  
SITUATED,

Plaintiff,

v.

500.COM LIMITED, MAN SAN LAW,  
ZHENGMING PAN, DEUTSCHE BANK  
SECURITIES INC., PIPER JAFFRAY & CO., AND  
OPPENHEIMER & CO. INC.,  
Defendants.

No. 2:15-CV-01463-JFW (Ex)

**PROOF OF CLAIM FORM**

**TO HAVE AN OPPORTUNITY TO RECEIVE A SHARE OF THE SETTLEMENT FUND, YOU MUST COMPLETE AND SIGN THIS PROOF OF CLAIM FORM, AND RETURN IT TO:**

500.com Limited Securities Litigation Settlement  
c/o RG/2 Claims Administration LLC  
P.O. Box 59479  
Philadelphia, PA 19102-9479  
Toll Free Number: (866) 742-4955  
[www.rg2claims.com/500.com.html](http://www.rg2claims.com/500.com.html)

YOU MUST COMPLETE AND SIGN THIS PROOF OF CLAIM AND MAIL IT BY PREPAID, FIRST-CLASS MAIL, POSTMARKED NO LATER THAN JANUARY 14, 2017. FAILURE TO SUBMIT YOUR CLAIM BY JANUARY 14, 2017 WILL SUBJECT YOUR CLAIM TO REJECTION AND PRECLUDE YOU FROM RECEIVING ANY MONEY IN CONNECTION WITH THE SETTLEMENT OF THIS ACTION.

DO NOT MAIL OR DELIVER YOUR PROOF OF CLAIM FORM TO THE COURT OR ANY PARTIES OR THEIR COUNSEL. ANY SUCH CLAIM WILL BE DEEMED NOT TO HAVE BEEN SUBMITTED. SUBMIT YOUR CLAIM ONLY TO THE CLAIMS ADMINISTRATOR.

# PART I: CLAIMANT INFORMATION

(Claimant) First Name	Middle	Last
<input type="text"/>	<input type="text"/>	<input type="text"/>
(Beneficial Owner If Different From Claimant) First Name	Middle	Last
<input type="text"/>	<input type="text"/>	<input type="text"/>
(Co-Beneficial Owner) First Name	Middle	Last
<input type="text"/>	<input type="text"/>	<input type="text"/>
Company/Other Entity (if Claimant Is Not an Individual)		
<input type="text"/>		
Contact Person (If Claimant Is Not An Individual)		
<input type="text"/>		
Trustee/Nominee/Other		
<input type="text"/>		
Account Number (If Claimant Is Not An Individual)	Trust/Other Date (If Applicable)	
<input type="text"/>	<input type="text"/>	
Street Address		
<input type="text"/>		
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Foreign Province	Foreign Country	Foreign Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Beneficial Owner's Social Security Number <sup>1</sup>	-OR-	Beneficial Owner's Employer Identification Number <sup>1</sup>												
<input type="text"/>		<input type="text"/>												
Work Telephone Number (beginning with Area Code)	<p><b>CHECK ONE:</b></p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Individual</td> <td><input type="checkbox"/> IRA, Keogh, or other type of individual Retirement Plan</td> </tr> <tr> <td><input type="checkbox"/> Joint Owners</td> <td><input type="checkbox"/> Private Pension Fund</td> </tr> <tr> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> Legal Representative (indicate type of plan, mailing address, and name of current custodian)</td> </tr> <tr> <td><input type="checkbox"/> Estate</td> <td><input type="checkbox"/> Other (specify, describe on separate sheet) _____</td> </tr> <tr> <td><input type="checkbox"/> Corporation</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Trust</td> <td></td> </tr> </table>		<input type="checkbox"/> Individual	<input type="checkbox"/> IRA, Keogh, or other type of individual Retirement Plan	<input type="checkbox"/> Joint Owners	<input type="checkbox"/> Private Pension Fund	<input type="checkbox"/> Partnership	<input type="checkbox"/> Legal Representative (indicate type of plan, mailing address, and name of current custodian)	<input type="checkbox"/> Estate	<input type="checkbox"/> Other (specify, describe on separate sheet) _____	<input type="checkbox"/> Corporation		<input type="checkbox"/> Trust	
<input type="checkbox"/> Individual			<input type="checkbox"/> IRA, Keogh, or other type of individual Retirement Plan											
<input type="checkbox"/> Joint Owners			<input type="checkbox"/> Private Pension Fund											
<input type="checkbox"/> Partnership	<input type="checkbox"/> Legal Representative (indicate type of plan, mailing address, and name of current custodian)													
<input type="checkbox"/> Estate	<input type="checkbox"/> Other (specify, describe on separate sheet) _____													
<input type="checkbox"/> Corporation														
<input type="checkbox"/> Trust														
Home Telephone Number (beginning with Area Code)														
<input type="text"/>														
E-Mail	<input type="text"/>													

<sup>1</sup> The taxpayer identification number (TIN), consisting of a valid Social Security number (SSN) for individuals or employer identification number (EIN) for business entities, trusts, estates, etc., and telephone number of the beneficial owner(s) may be used in verifying this claim.

## PART II – GENERAL INSTRUCTIONS

1. It is important that you completely read and understand the Notice of Proposed Settlement of Class Action (the “Notice”) that accompanies this Proof of Claim and Release (“Proof of Claim”) and the Plan of Allocation included in the Notice. The Notice describes the proposed Settlement that will resolve this Action, how Class Members are affected by the Settlement, and the manner in which the Net Settlement Fund will be distributed if the Court approves the Settlement and the Plan of Allocation. The Notice also contains the definitions of some of the defined terms (which are indicated by initial capital letters) used in this Proof of Claim.<sup>2</sup> By signing and submitting this Proof of Claim, you will be certifying that you have read and that you understand the Notice, including the terms of the releases described therein and provided for herein.

2. **TO BE ELIGIBLE TO RECEIVE A DISTRIBUTION FROM THE NET SETTLEMENT FUND, YOU MUST MAIL YOUR COMPLETED AND SIGNED PROOF OF CLAIM TO THE CLAIMS ADMINISTRATOR BY FIRST-CLASS MAIL, POSTAGE PREPAID, POSTMARKED BY JANUARY 14, 2017, ADDRESSED AS FOLLOWS:**

500.COM Limited Securities Litigation Settlement  
c/o RG/2 Claims Administration LLC  
P.O. Box 59479  
Philadelphia, PA 19102-9479  
Toll Free Number: (866) 742-4955  
[www.rg2claims.com/500.com.html](http://www.rg2claims.com/500.com.html)

3. This Proof of Claim is directed to all Persons or entities (including, without limitation, their beneficiaries) that purchased or otherwise acquired 500.com Limited (“500.com” or the “Company”) American Depository Shares (“ADSs”) between November 22, 2013 and March 2, 2015, inclusive (the “Class Period”) (the “Class”).

4. “Class Members” means any persons and entities who purchased or otherwise acquired 500.com ADSs during the Class Period and are not excluded from the Class. Persons and entities excluded from the Class are: Defendants and any entity in which the Defendants have a controlling interest, and the officers, directors, affiliates, legal representatives, immediate family members, heirs, successors, subsidiaries and/or assigns of any such individual or entity in their capacity as such. Also excluded from the Class will be any Person who timely and validly seeks exclusion from the Class in accordance with the requirements of the Notice

5. **IF YOU ARE NOT A CLASS MEMBER, OR IF YOU, OR SOMEONE ACTING ON YOUR BEHALF, FILED A REQUEST FOR EXCLUSION FROM THE CLASS, DO NOT SUBMIT A PROOF OF CLAIM. YOU MAY NOT, DIRECTLY OR INDIRECTLY, PARTICIPATE IN THE SETTLEMENT IF YOU ARE NOT A CLASS MEMBER. THUS, IF YOU FILE A VALID REQUEST FOR EXCLUSION IN A TIMELY MANNER, ANY PROOF OF CLAIM THAT YOU SUBMIT, OR THAT MAY BE SUBMITTED ON YOUR BEHALF, WILL NOT BE ACCEPTED.**

6. All Class Members will be bound by the terms of the Final Judgment entered in the Action WHETHER OR NOT A PROOF OF CLAIM FORM IS SUBMITTED, unless a valid request for exclusion from the Class is received by December 30, 2016. The Final Judgment will release and enjoin the filing or continued prosecution of the Released Claims, as described in the Notice.

7. You may only participate in the distribution of the Net Settlement Fund if you are a member of the Class and if you complete and return this form as specified below. If you fail to file a timely, properly addressed, and completed Proof of Claim, your claim may be rejected and you may be precluded from receiving any distribution from the Net Settlement Fund.

8. **Submission of this Proof of Claim does not guarantee that you will share in the Net Settlement Fund.** The distribution of the Net Settlement Fund will be governed by the Plan of Allocation set forth in the Notice, if approved by the Court, or such other plan of allocation as the Court approves.

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<sup>2</sup> All capitalized terms not defined herein or in the Notice are defined in the Stipulation and Agreement of Settlement dated September 12, 2016 (the “Stipulation”). The Stipulation is posted on the Claims Administrator’s settlement website [www.rg2claims.com/500.com.html](http://www.rg2claims.com/500.com.html).

9. Use Part III of this Proof of Claim entitled “SCHEDULE OF TRANSACTIONS IN 500.COM ADSs” to supply all required details of your transaction(s) in 500.com ADSs. On the schedule, provide all the requested information with respect to all purchases, acquisitions, and sales of 500.com ADSs during the period from November 22, 2013 to March 2, 2015, inclusive, as well as the number of 500.com ADSs you held as of the close of trading on November 21, 2013 and May 26, 2015.

10. You are required to submit genuine and sufficient documentation for all your transactions in and holdings of 500.com shares as set forth in the Schedule of Transactions in Part III. Documentation may consist of copies of brokerage confirmations or monthly statements. IF SUCH DOCUMENTS ARE NOT IN YOUR POSSESSION, PLEASE OBTAIN COPIES OR EQUIVALENT CONTEMPORANEOUS DOCUMENTS FROM YOUR BROKER. FAILURE TO SUPPLY THIS DOCUMENTATION MAY RESULT IN REJECTION OF YOUR CLAIM. DO NOT SEND ORIGINAL DOCUMENTS. Please keep a copy of all documents that you send to the Claims Administrator.

11. Separate Proof of Claim forms should be submitted for each separate legal entity (*e.g.*, a claim from joint owners should not include separate transactions of just one of the joint owners, and an individual should not combine his or her IRA transactions with transactions made solely in the individual’s name). Conversely, a single Proof of Claim form should be submitted on behalf of one legal entity, including all transactions made by that entity on one Proof of Claim form, no matter how many separate accounts that entity has (*e.g.*, a corporation with multiple brokerage accounts should include all transactions made in all accounts on one Proof of Claim form).

12. All joint beneficial owners must each sign this Proof of Claim form. If you purchased or acquired 500.com ADSs during 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 or acquired 500.com ADSs during the Class Period and the securities were registered in the name of a third party, such as a nominee or brokerage firm, you are the beneficial owner of these securities, but the third party is the record owner.

13. Agents, executors, administrators, guardians, and trustees must complete and sign the Proof of Claim on behalf of persons represented by them, and they must:

- a. expressly state the capacity in which they are acting;
- b. identify the name, account number, Social Security Number (or taxpayer identification number), address, and telephone number of the beneficial owner of (or other person or entity on whose behalf they are acting with respect to) the 500.com ADSs; and
- c. furnish evidence of their authority to bind to the Proof of Claim the person or entity on whose behalf they are acting. (Authority to complete and sign a Proof of Claim cannot be established by 500.com ADSs demonstrating only that they have discretionary authority to trade 500.com ADSs in another person’s accounts).

14. By submitting a signed Proof of Claim, you will be swearing that you:

- a. own(ed) the 500.com ADSs you have listed in the Proof of Claim; or
- b. are expressly authorized to act on behalf of the owner thereof.

15. By submitting a signed Proof of Claim, you will be swearing to the truth of the statements contained therein and the genuineness of the documents attached thereto, subject to penalties of perjury under the laws of the United States of America. The making of false statements, or the submission of forged or fraudulent documentation, will result in the rejection of your claim and may subject you to civil liability or criminal prosecution.

16. **NOTICE REGARDING ELECTRONIC FILES:** Certain claimants with large numbers of transactions may request to, or may be requested to, submit information regarding their transactions in electronic files. To obtain the mandatory electronic filing requirements and file layout, you may visit the website at [www.rg2claims.com/500.com.html](http://www.rg2claims.com/500.com.html) or you may email the Claims Administrator at [info@rg2claims.com](mailto:info@rg2claims.com). Any file not in accordance with the required electronic filing format will be subject to rejection. No electronic files will be considered to have been properly submitted unless the Claims Administrator issues an email after processing your file with your claim number(s) and respective account information. Do not assume that your file has been received or processed until you receive this email. If you do not receive such an email within 10 days of your submission, you should contact the electronic filing department at [info@rg2claims.com](mailto:info@rg2claims.com) about your file and confirm it was received and acceptable.

17. If you have questions concerning the Proof of Claim, or need additional copies of the Proof of Claim or the Notice, you may contact the Claims Administrator, RG/2 Claims Administration LLC, at the above address or by toll-free phone at 1(866)742-4955, or you may download the documents from [www.rg2claims.com/500.com.html](http://www.rg2claims.com/500.com.html).

### PART III – SCHEDULE OF TRANSACTIONS IN 500.COM SHARES

Failure to provide proof of all purchases, sales, and closing positions will impede proper processing of your claim. Please include proper documentation with your Proof of Claim as described in detail in Part I, Paragraph 10, above.

#### A. BEGINNING HOLDINGS:

State the total number of shares of 500.com ADSs held as of the close of trading on November 21, 2013. IF NONE, CHECK HERE:

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#### B. PURCHASES:

Separately list each and every purchase of 500.com ADSs during the period from November 22, 2013 through and including the close of trading on March 2, 2015. IF NONE, CHECK HERE:

Date(s) of Purchase(s) (List Chronologically) (Month/Day/Year)	Number of Shares Purchased	Purchase Price per Share (Excluding Commissions, Taxes & Fees)	Proof of Purchase Enclosed (✓)
M M D D Y Y			<input type="checkbox"/> Y <input type="checkbox"/> N
M M D D Y Y			<input type="checkbox"/> Y <input type="checkbox"/> N
M M D D Y Y			<input type="checkbox"/> Y <input type="checkbox"/> N
M M D D Y Y			<input type="checkbox"/> Y <input type="checkbox"/> N
M M D D Y Y			<input type="checkbox"/> Y <input type="checkbox"/> N
M M D D Y Y			<input type="checkbox"/> Y <input type="checkbox"/> N

#### C. ACQUIRED SHARES:

State the number of 500.com ADSs that you acquired during the period from November 22, 2013 through and including the close of trading on March 2, 2015. IF NONE, CHECK HERE:

Date(s) of Acquisition(s) (List Chronologically) (Month/Day/Year)	Number of Shares Acquired	Acquisition Price per Share (Excluding Commissions, Taxes & Fees)	Proof of Acquisition Enclosed (✓)
M M D D Y Y			<input type="checkbox"/> Y <input type="checkbox"/> N
M M D D Y Y			<input type="checkbox"/> Y <input type="checkbox"/> N
M M D D Y Y			<input type="checkbox"/> Y <input type="checkbox"/> N
M M D D Y Y			<input type="checkbox"/> Y <input type="checkbox"/> N
M M D D Y Y			<input type="checkbox"/> Y <input type="checkbox"/> N
M M D D Y Y			<input type="checkbox"/> Y <input type="checkbox"/> N

**D. SALES:**

Separately list each and every sale of 500.com ADSs during the period from November 22, 2013 through and including close of trading on **May 26, 2015**.

IF NONE, CHECK HERE:

Date(s) of Sale(s) (List Chronologically) (Month/Day/Year)	Number of Shares Sold	Sales Price per Share (Excluding Commissions, Taxes & Fees)	Proof of Purchase Enclosed (✓)
M M D D Y Y			<input type="checkbox"/> Y <input type="checkbox"/> N
M M D D Y Y			<input type="checkbox"/> Y <input type="checkbox"/> N
M M D D Y Y			<input type="checkbox"/> Y <input type="checkbox"/> N
M M D D Y Y			<input type="checkbox"/> Y <input type="checkbox"/> N
M M D D Y Y			<input type="checkbox"/> Y <input type="checkbox"/> N
M M D D Y Y			<input type="checkbox"/> Y <input type="checkbox"/> N

**E. ENDING HOLDINGS:**

State the total number of shares of 500.com ADSs held as of the close of trading on May 26, 2015.

IF NONE, CHECK HERE:

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**IF YOU REQUIRE ADDITIONAL SPACE, ATTACH EXTRA SCHEDULES IN THE SAME FORMAT AS ABOVE. PRINT THE BENEFICIAL OWNER'S FULL NAME AND TAXPAYER IDENTIFICATION NUMBER ON EACH ADDITIONAL PAGE.**

## **PART IV – RELEASE OF CLAIMS AND SIGNATURE**

### **YOU MUST ALSO READ THE RELEASE AND CERTIFICATION BELOW AND SIGN ON PAGE 8 OF THIS PROOF OF CLAIM**

A. I (we) hereby acknowledge full and complete satisfaction of, and do hereby fully, finally, and forever waive, release, discharge, and dismiss each and every one of the Released Parties with respect to any and all of the Released Claims, as those terms are defined in the accompanying Notice.

B. I (we) hereby acknowledge that as of the Effective Date, I (we): (i) shall be deemed to have, and shall have, fully, finally, and forever waived, released, relinquished, and discharged all Released Claims; (ii) shall forever be enjoined from instituting, commencing, assisting, maintaining or prosecuting any Released Claim; and (iii) agree and covenant not to sue on the basis of any Released Claims or to assist any third party in instituting, commencing, assisting, maintaining or prosecuting any suit related to any Released Claims.

### **CERTIFICATION**

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

1. that I (we) have read and understand the contents of the Notice, the Plan of Allocation, and the Proof of Claim, including the releases provided for in the Settlement;
2. that the claimant(s) is a (are) Class Member(s), as defined in the Notice, and is (are) not excluded from the Class;
3. that the claimant has not submitted a request for exclusion from the Class;
4. that I (we) own(ed) the 500.com ADSs identified in the Proof of Claim and have not assigned the claim against the Released Parties to another, or that, in signing and submitting this Proof of Claim, I (we) have the authority to act on behalf of the owner(s) thereof;
5. that the claimant has not submitted any other claim covering the same purchases, acquisition, sales, or holdings of 500.com ADSs and knows of no other person having done so on his/her/its behalf;
6. that the claimant submits to the jurisdiction of the Court with respect to his/her/its claim and for purposes of enforcing the releases set forth herein;
7. that I (we) agree to furnish such additional information with respect to this Proof of Claim as the parties, the Claims Administrator, or the Court may require;
8. that the claimant waives the right to trial by jury, to the extent it exists, and agrees to the Court's summary disposition of the determination of the validity or amount of the claim made by this Proof of Claim;
9. that I (we) acknowledge that the claimant will be bound by and subject to the terms of any judgment that may be entered in the Action; and
10. that the claimant is NOT subject to backup withholding under the provisions of Section 3406(a)(1)(C) of the Internal Revenue Code because (a) the claimant is exempt from backup withholding or (b) the claimant has not been notified by the IRS that he/she/it is subject to backup withholding as a result of a failure to report all interest or dividends or (c) the IRS has notified the claimant that he/she/it is no longer subject to backup withholding. If the IRS has notified the claimant that he/she/it is subject to backup withholding, please strike out the language in the preceding sentence indicating that the claim is not subject to backup withholding in the certification above.

UNDER THE PENALTIES OF PERJURY, I (WE) CERTIFY THAT ALL OF THE INFORMATION PROVIDED BY ME (US) ON THIS FORM IS TRUE, CORRECT, AND COMPLETE, AND THAT THE DOCUMENTS SUBMITTED HEREWITH ARE TRUE AND CORRECT COPIES OF WHAT THEY PURPORT TO BE.

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Claimant

\_\_\_\_\_  
Signature of Joint Claimant, if any

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Joint Claimant

THIS CLAIM FORM MUST BE MAILED TO THE CLAIMS ADMINISTRATOR BY FIRST-CLASS MAIL, POSTAGE PREPAID, **POSTMARKED BY JANUARY 14, 2017**, ADDRESSED AS FOLLOWS:

500.COM Limited Securities Litigation Settlement  
c/o RG/2 Claims Administration LLC  
P.O. Box 59479  
Philadelphia, PA 19102-9479  
Toll Free Number: (866) 742-4955  
[www.rg2claims.com/500.com.html](http://www.rg2claims.com/500.com.html)

A Proof of Claim received by the Claims Administrator shall be deemed to have been submitted when posted, if mailed by January 14, 2017 and if a postmark is indicated on the envelope, it is mailed First Class, and addressed in accordance with the above instructions. In all other cases, a Proof of Claim shall be deemed to have been submitted when actually received by the Claims Administrator.

You should be aware that it will take a significant amount of time to fully process all of the Proof of Claim forms. Please notify the Claims Administrator of any change of address.

#### **REMINDER CHECKLIST**

1. Please sign the above release and certification. If this Proof of Claim is being made on behalf of joint claimants, then both must sign.
2. Remember to attach only copies of acceptable supporting documentation.
3. Please do not highlight any portion of the Proof of Claim or any supporting documents.
4. Do not send original stock certificates or documentation. These items cannot be returned to you by the Claims Administrator.
5. Keep copies of the completed Proof of Claim and documentation for your own records.
6. If your address changes in the future, or if this Proof of Claim was sent to an old or incorrect address, please send the Claims Administrator written notification of your new address. If you change your name, please inform the Claims Administrator.
7. If you have any questions or concerns regarding your claim, please contact the Claims Administrator at the above address or at [info@rg2claims.com](mailto:info@rg2claims.com) visit [www.rg2claims.com/500.com.html](http://www.rg2claims.com/500.com.html).



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500.COM Limited Securities Litigation Settlement  
c/o RG/2 Claims Administration LLC  
P.O. Box 59479  
Philadelphia, PA 19102-9479

**IMPORTANT LEGAL INFORMATION**