

**UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK**

SEC v. Dr. Joseph F. "Chip" Skowron III, et al., Civil Action No. 10-CV-8266 (DAB)

PROOF OF CLAIM FORM INSTRUCTIONS

YOU MUST MAIL YOUR COMPLETED AND SIGNED PROOF OF CLAIM NO LATER THAN SEPTEMBER 24, 2013 (THE "FILING DEADLINE"), ADDRESSED AS FOLLOWS TO BE INCLUDED IN ANY DISTRIBUTION FROM THE FAIR FUND:

Skowron Fair Fund
c/o Gilardi & Co. LLC, Distribution Agent
P.O. Box 5100
Larkspur CA 94977-5100

Please keep a copy of your completed Proof of Claim Form submission and supporting documentation for your records. Confirmations of receipt of Proof of Claim Form submissions may not be available until after the Filing Deadline, therefore, if you require acknowledgment, please send your claim form submission Certified Mail, Return Receipt.

Submissions received via email will not be accepted.

Claimant Identification

If you purchased or acquired shares of Human Genome Sciences, Inc. ("HGS") common stock and held the certificate(s) in your name, you are the beneficial owner. If, however, the shares of HGS common stock were registered or purchased in the name of a third-party, such as a brokerage firm or other nominee ("nominee"), you are the beneficial owner and the third-party was the owner of record.

Use Part I of the Proof of Claim Form to identify each beneficial owner and each owner of record, if such nominee is different from the beneficial owner. If there is more than one beneficial owner, all owners must be identified and must sign the form. **THIS CLAIM MUST BE FILED BY THE ACTUAL BENEFICIAL OWNER(S), OR THE LEGAL REPRESENTATIVE OF SUCH OWNER(S) OF THE HGS COMMON STOCK UPON WHICH THIS CLAIM IS BASED.**

If you are a trustee, custodian or other nominee and are completing and signing this form on behalf of the beneficial owner, you must include and attach documents showing your authority to make a claim on behalf of the beneficial owner, as well as your capacity and title.

Provide all requested information, including your Social Security Number or Taxpayer Identification Number, telephone number and a complete mailing address. Failure to provide this information could delay verification of your claim or result in rejection of the claim.

If you are a surviving beneficiary of a person who purchased or acquired HGS common stock shares during the Relevant Period, you may be entitled to their recovery from the Fair Fund. Please provide, along with a Proof of Claim Form, documentation to demonstrate your status, including a death certificate and Last Will and Testament, Letters Testamentary, evidence of probate and/or any other testamentary provisions of the deceased person.

Submission of a Proof of Claim Form does not assure that you will share in the distribution of the Fair Fund.

Transaction Identification

If you wish to submit a claim, you must provide information regarding all Eligible Securities during the Relevant Period. Use Part II entitled "Schedule of Transactions in HGS Common Stock" to supply all required information regarding your transactions of HGS common stock during the Relevant Period. The Distribution Agent will need to collect all transaction information to help determine if you have an eligible claim. If you need more space or additional schedules, please make photocopies of the schedule and attach the additional sheets. 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 and sales between December 7, 2007, through and including January 23, 2008, regardless of whether such transactions resulted in a gain or a loss. Failure to report all such transactions may result in the rejection of your claim.

For transactions, enter the trade date, number of shares you purchased and/or sold, and the total price you paid and proceeds you received, if any (including fees and commissions). The date of the purchase or the sale is the "contract" or "trade" date, not the "settlement" date. List each transaction separately and in chronological order by trade date, beginning with the earliest.

Copies of broker confirmations or other documentation of your transactions in Eligible Securities should be attached to your claim. Do not send originals as they will not be returned. Failure to provide this documentation could delay verification of your claim or result in rejection of your claim.

The Proof of Claim Form is designed to provide the minimum amount of information necessary to process simple claims. The Distribution Agent may request additional information as required to efficiently and reliably calculate your losses. In some cases where the Distribution Agent cannot perform the calculation accurately at a reasonable cost with the information provided, the Distribution Agent may condition acceptance of the claim upon the production of additional information and/or the hiring of an accounting expert at the Potentially Eligible Claimant's cost.

Distributions from the Skowron Fair Fund are subject to a Minimum Distribution Amount of \$10.00. The Minimum Distribution Amount shall mean the specified dollar amount that an Approved Claim must equal or exceed, after pro-rated payment awards are calculated.

Submission of this Proof of Claim does not assure that you will share in the proceeds of the Skowron Fair Fund. The amount you may receive will be determined in accordance with the Plan of Allocation as incorporated in the Distribution Plan. A final determination whether you will receive a Distribution Payment, and the amount, is made by the Court-appointed Distribution Agent.

SPECIAL NOTICE TO NOMINEES

If you hold any of the Eligible Securities during the Trading Periods listed as nominee for a beneficial owner, then, within ten (10) days after you receive this Notice, you must either: (1) send a copy of this Notice and the Proof of Claim Form by first class mail to all such Persons; or (2) provide a list of the names and addresses of such Persons to the Distribution Agent:

Skowron Fair Fund
c/o Gilardi & Co. LLC, Distribution Agent
P.O. Box 5100
Larkspur CA 94977-5100

If you choose to mail the Notice and Proof of Claim Form yourself, you may obtain from the Distribution Agent (without cost to you) as many additional copies of these documents as you will need to complete the mailing.

Regardless of whether you choose to complete the mailing yourself or elect to have the mailing performed for you, you may obtain reimbursement for or advancement of reasonable administrative costs actually incurred or expected to be incurred in connection with forwarding the Notice and Proof of Claim Form and which would not have been incurred but for the obligation to forward the Notice and Proof of Claim Form, upon submission of appropriate documentation to the Distribution Agent.