

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

IN RE APPLIED THERAPEUTICS SECURITIES
LITIGATION

Case No. 1:24-cv-09715 (DLC) (VF)

CLASS ACTION

PROOF OF CLAIM AND RELEASE

1. GENERAL INSTRUCTIONS

1. To be eligible to receive a share of the Net Settlement Fund in connection with the Settlement¹ of the above-captioned action (the “Action”), you must complete and, on page 7 below, sign this Proof of Claim and Release (“Claim Form”) and mail it by first-class mail to the address below, **postmarked no later than April 8, 2026**, or submit a Claim Form online at www.APLTSecuritiesSettlement.com, **on or before April 8, 2026**.

2. Failure to submit your Claim Form by the date specified will subject your claim to rejection and may preclude you from being eligible to receive any money in connection with the Settlement.

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

4. If you are not a Class Member, as defined below and in the Longform Notice, **DO NOT** submit a Claim Form. **You may not, directly or indirectly, participate in the Settlement if you are not a Class Member.**

5. If you are a Class Member and you do not timely request exclusion 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.

6. It is important that you completely read the Longform Notice (the “Notice”), available on the *Important Documents* page at www.APLTSecuritiesSettlement.com. The Notice describes the proposed Settlement, how Class Members are affected by the Settlement, and the manner in which the Net Settlement Fund will be distributed if the Settlement and Plan of Allocation are approved by the Court. By signing and submitting this Claim Form, 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.

7. YOU MUST SUBMIT YOUR COMPLETED CLAIM FORM, ACCOMPANIED BY COPIES OF THE DOCUMENTS REQUESTED HEREIN, SO THAT IT IS POSTMARKED OR RECEIVED BY THE CLAIMS ADMINISTRATOR (IF SUBMITTED ONLINE) NO LATER THAN April 8, 2026, ADDRESSED AS FOLLOWS:

Applied Therapeutics Securities Settlement
c/o Claims Administrator
1650 Arch Street, Suite 2210
Philadelphia, PA 19103
Toll-free: 1-833-703-4229
info@APLTSecuritiesSettlement.com

Do not mail or deliver your Claim Form to the Court, the parties to the Action, or their counsel.

¹ This Proof of Claim and Release incorporates the definitions in the Amended Stipulation of Settlement, dated November 20, 2025, (the “Stipulation”), which can be obtained at www.APLTSecuritiesSettlement.com

II. CLAIMANT IDENTIFICATION

1. You are a Class Member if you purchased or otherwise acquired the publicly traded common stock of Applied Therapeutics, Inc., (“Applied”) on a U.S. based exchange between January 3, 2024 and December 2, 2024, inclusive (“Class Period”). Excluded from the Class are: (i) Defendants; (ii) the current and former officers, directors, and employees of Applied; (iii) any person or entity that purchased Applied securities in the March 1, 2024 Private Placement (the “Private Placement Investors”); (iv) members of Defendants’, Excluded Persons’, or Private Placement Investors’ immediate families, legal representatives, heirs, successors or assigns; and (v) any entity in which Defendants, the Excluded Persons, or the Private Placement Investors have or had a controlling interest.

2. Use **Part A** of this form entitled “Claimant Information” to identify the beneficial owner(s) of Applied common stock. The complete name(s) of the beneficial owner(s) must be entered. If you held the eligible Applied common stock in your own name, you are the beneficial owner as well as the record owner. If, however, your shares of eligible Applied common stock were registered in the name of a third party, such as a nominee or brokerage firm, you are the beneficial owner of these shares, but the third party is the record owner. **This claim must be signed and filed by the actual beneficial owner(s) or the legal representative of such owner(s).**

3. All joint owners must sign this claim. 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.

4. **One Claim Form should be submitted for each separate legal entity.** A separate Claim Form should be submitted for each separate legal entity (e.g., a claim for 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).

5. Agents, executors, administrators, guardians, and trustees must complete and sign the Claim Form on behalf of persons or entities represented by them, and they must: expressly state the capacity in which they are acting; identify the name, account number, Social Security number (or taxpayer identification number), address, and telephone number of the beneficial owner, or other person or entity on whose behalf they are acting; and provide evidence of their authority to bind the person or entity on whose behalf they are acting. For example, letters testamentary, letters of administration, or a copy of trust documents.

III. IDENTIFICATION OF TRANSACTIONS

1. Use **Part B** of this form entitled “Schedule of Transactions” to supply all required details of your transaction(s) in Applied common stock. 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 schedule, provide all of the requested information with respect to all purchases, acquisitions, sales, and holdings of Applied common stock that occurred during the Class Period, 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. 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.

4. You are required to submit valid and sufficient documentation for all your transactions in and holdings of Applied common stock included in the Claim Form. Documentation may consist of copies of broker confirmation slips, monthly brokerage account statements, or an authorized statement from your broker containing the transactional and holding information found in a broker confirmation slip or account statement. If these documents are not in your possession, please contact your broker. Failure to supply documentation could delay verification of your claim or result in the rejection of your claim. **The Parties and the Claims Administrator do not independently have information about your investments.**

5. **Do not send original documents.** Please keep a copy of all documents that you send to the Claims Administrator. Also, do not highlight any portion of the Claim Form or any supporting documents.

6. The requests in this Claim Form are designed to gather the minimum amount of information necessary to process the simplest claims. The Claims Administrator may request additional information as required to efficiently and reliably process your claim.

7. If the Court approves the Settlement, payments to eligible Authorized Claimants pursuant to the Plan of Allocation (or such other plan of allocation as the Court approves) will be made after any appeals are resolved, and after the completion of all claims processing. **The claims process will take substantial time to complete fully and fairly. Please be patient.**

8. **PLEASE NOTE:** As set forth in the Plan of Allocation, each Authorized Claimant shall receive his, her or its pro rata share of the Net Settlement Fund. If the pro-rated payment to any Authorized Claimant calculates to less than \$10.00 or ten shares of Applied common stock or other securities received as Warrant Proceeds, on an adjusted basis, it will not be included in the calculation and no distribution will be made to that Authorized Claimant.

9. If you have questions concerning the Claim Form, or need additional copies of the Claim Form or the Notice, you may contact the Claims Administrator at the address on the first page of the Claim Form, by email at info@APLTSecuritiesSettlement.com, or by toll-free phone at 1-833-703-4229. Copies of the Claim Form and Notice are available to download at www.APLTSecuritiesSettlement.com.

10. **NOTICE REGARDING ONLINE FILING:** Claims may be submitted online using the Submit Claim page at www.APLTSecuritiesSettlement.com. If your claim contains a large number of transactions, you may request, or may be requested, to submit an electronic spreadsheet showing your transactions to accompany your Claim Form.

11. **NOTICE REGARDING INSTITUTIONAL FILERS:** Certain claimants with large numbers of transactions may request, either personally or through a legal representative ("Representative Filers"), to submit information regarding their transactions in electronic files. This is different than submitting your claim online using the Settlement website. All such 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 1-833-703-4229 or info@APLTSecuritiesSettlement.com to obtain the required electronic spreadsheet for reporting your transactions. The Claims Administrator may also request that claimants with a large number of transactions file their claims electronically. **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. Claims which are not submitted in accordance with the Claims Administrator's instructions may be subject to rejection.**

IMPORTANT: PLEASE NOTE

YOUR CLAIM IS NOT DEEMED SUBMITTED UNTIL YOU RECEIVE AN ACKNOWLEDGEMENT POSTCARD OR EMAIL. THE CLAIMS ADMINISTRATOR WILL ACKNOWLEDGE RECEIPT OF YOUR INDIVIDUAL CLAIM FORM WITHIN 60 DAYS. IF YOU DO NOT RECEIVE AN ACKNOWLEDGEMENT WITHIN 60 DAYS, CALL THE CLAIMS ADMINISTRATOR TOLL FREE AT 1-833-703-4229.

**Your Claim Form must
be submitted on or before
April 8, 2026**

PROOF OF CLAIM AND RELEASE

Applied Therapeutics Securities Settlement
1650 Arch Street, Suite 2210
Philadelphia, PA 19103

Email: info@APLTSecuritiesSettlement.com
Website: www.APLTSecuritiesSettlement.com

**Applied
Therapeutics, Inc.**

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.

Beneficial Owner Name		
Co-Beneficial Owner Name		
Entity Name (if claimant is not an individual)		
Representative or Custodian Name (if different from Beneficial Owner(s) listed above)		
Address 1 (Street Name and Number)		
Address 2 (Apartment, unit, or box number)		
City	State	ZIP
Foreign Province	Foreign Country	Postal Code
Telephone Number (cell or home)	Telephone Number (work)	
Email Address		
Account Number (if filing for multiple accounts, file a separate Claim Form for each unique account type)		
Last four digits of Social Security Number (individuals)	OR	Taxpayer Identification Number (estates, trusts, etc.)
Claimant Account Type (check appropriate box):		
<input type="checkbox"/> Individual / Joint	<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 B: SCHEDULE OF TRANSACTIONS

Do not include information regarding any securities other than Applied common stock. Please include proper documentation with your Claim Form as described in detail in Section III – Identification of Transactions, above.

APPLIED COMMON STOCK Ticker: APLT CUSIP: 03828A101			
1. HOLDINGS AS OF THE CLOSE OF TRADING ON JANUARY 2, 2024 – State the total number of Applied shares held as of the close of trading on January 2, 2024. If none, write “zero” or “0.” (Must be documented.)			TOTAL NUMBER OF SHARES <div></div>
2. PURCHASES/ACQUISITIONS FROM JANUARY 3, 2024 THROUGH DECEMBER 3, 2024 – Separately list each and every purchase or acquisition of Applied common stock from January 3, 2024, through December 3, 2024, inclusive. (Must be documented.)			
Trade Date of Purchase / Acquisition (List Chronologically) (Month/Day/Year)	Number of Shares Purchased / Acquired	Purchase / Acquisition Price Per Share	Total Purchase / Acquisition Price (excluding any taxes, commissions, and fees)
/ /		\$	\$
/ /		\$	\$
/ /		\$	\$
/ /		\$	\$
3. SALES FROM JANUARY 3, 2024 THROUGH DECEMBER 3, 2024 – Separately list each and every sale or disposition of Applied common stock from January 3, 2024, through December 3, 2024, inclusive. (Must be documented.)			
Trade Date of Sale / Disposition (List Chronologically) (Month/Day/Year)	Number of Shares Sold / Disposed	Sale Price Per Share	Total Sale Price (excluding any taxes, commissions, and fees)
/ /		\$	\$
/ /		\$	\$
/ /		\$	\$
/ /		\$	\$
4. HELD AS OF THE CLOSE OF TRADING ON DECEMBER 3, 2024 – State the total number of Applied common stock held as of the close of trading on December 3, 2024. If none, write “zero” or “0.” (Must be documented.)			TOTAL NUMBER OF SHARES <div></div>
IF YOU REQUIRE ADDITIONAL SPACE for the schedule above, attach extra schedules in the same format. Print the beneficial owner’s full name and last four digits of social security/taxpayer identification number on each additional page. If you attach extra schedules, check this box:			<input type="checkbox"/>
FOR USE WITH ADDITIONAL SCHEDULES			
Beneficial Owner Name		Last four digits of Social Security / Taxpayer ID No.	

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

SUBMISSION TO JURISDICTION OF COURT AND ACKNOWLEDGMENTS

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 Notice. I (We) also submit to the jurisdiction of the United States District Court for the Southern District of New York (the “Court”) with respect to my (our) claim as a 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 provide additional information to the Claims Administrator to support this claim, such as additional documentation for transactions in eligible Applied common stock, if required to do so. I (We) have not submitted any other claim covering the same transactions in Applied common stock during the Class Period and know of no other person having done so on my (our) behalf.

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 Class, that I am (we are) not one of the “Released Defendant Parties” as defined below.

2. As a Class Member, I (we) hereby acknowledge, on behalf of myself (ourselves) and each of my (our) heirs, executors, trustees, administrators, predecessors, successors, and assigns, full and complete satisfaction of, and do hereby fully, finally, and forever settle, release, and discharge with prejudice the “Released Claims” (as defined below) as to each and all of the Released Defendant Parties. I (we) further acknowledge that I (we), and each of my (our) heirs, executors, trustees, administrators, predecessors, successors, and assigns, shall forever be barred and enjoined from commencing, instituting, prosecuting, or maintaining any and all of the Released Claims against any and all of the Released Defendant Parties. 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.

- a. “Released Claims” means any and all rights, liabilities, suits, debts, obligations, demands, damages, losses, judgment, matters, issues, claims (including “Unknown Claims,” as defined below), and causes of action, of every nature and description whatsoever, in law, equity, or otherwise, whether known or unknown, asserted or unasserted, accrued or unaccrued, fixed or contingent, liquidated or unliquidated, whether arising under federal, state, local, statutory, common, or foreign law, or any other law, rule, or regulation, whether class and/or individual in nature, that (a) Lead Plaintiff or any other Class Member asserted or could have asserted in the Litigation, or could in the future assert in any court or forum based upon, relating to, in connection with, or arising from the allegations, transactions, facts, matters or occurrences, errors, representations, misrepresentations, actions, failures to act, or omissions that were alleged, set forth, or referred to in the Litigation, and (b) also relate to the purchase of publicly traded shares of Applied common stock on a U.S. based exchange during the Class Period. “Released Claims” does not include: (i) derivative claims; (ii) ERISA claims; and (iii) claims to enforce the Settlement.
- b. “Unknown Claims” means: (a) any and all Released Claims, which any of the Lead Plaintiff, Members of the Class, or Lead Counsel do not know or suspect to exist in their favor at the time of the release of the Released Defendant Parties, which, if known by them, might have affected their settlement with and release of the Released Defendant Parties, or might have affected their decision(s) with respect to the Settlement, including, but not limited to, whether or not to object to this Settlement; and (b) any and all Released Defendants’ Claims that any of the Defendants or Defendants’ Counsel do not know or suspect to exist in their favor at the time of the release of Released Plaintiff Parties, which, if known by them might have affected their settlement and release of Released Plaintiff Parties. With respect to (a) any and all Released Claims against the Released Defendant Parties, and (b) any and all Released Defendants’ Claims against Released Plaintiff Parties, the Settling Parties stipulate and agree that, upon the Effective Date, the Settling Parties shall expressly waive, and each Released Plaintiff Party and Released Defendant Party shall be deemed to have, and by operation of the Judgment shall have, expressly waived the provisions, rights, and benefits of California Civil Code § 1542, which provides:

A general release does not extend to claims that the creditor or releasing party does not know or suspect to exist in his or her favor at the time of executing the release and that, if known by him or her, would have materially affected his or her settlement with the debtor or released party.

The Settling Parties shall expressly waive, and each Released Plaintiff Party and Released Defendant Party shall be deemed to have, and by operation of the Judgment shall have, expressly waived any and all provisions, rights, and benefits conferred by any law of any state or territory of the United States, or principle of common law, which is

similar, comparable, or equivalent to California Civil Code § 1542. The Released Plaintiff Parties and Released Defendant Parties acknowledge that they may hereafter discover facts, legal theories or authorities in addition to or different from those which he, she, it or their counsel now knows or believes to be true with respect to the subject matter of the Released Claims or Released Defendants' Claims, but (a) the Released Plaintiff Parties shall expressly fully, finally, and forever waive, compromise, settle, discharge, extinguish and release, and each Released Plaintiff Party shall be deemed to have waived, compromised, settled, discharged, extinguished, and released, and, upon the Effective Date, and by operation of the Judgment, shall have waived, compromised, settled, discharged, extinguished, and released, fully, finally, and forever, any and all Released Claims against the Released Defendant Parties, known or unknown, suspected or unsuspected, contingent or non-contingent, accrued or unaccrued, whether or not concealed or hidden, which now exist, or heretofore have existed, or may hereafter exist, upon any theory of law or equity now existing or coming into existence in the future, including, but not limited to, conduct which is negligent, intentional, with or without malice, or a breach of any duty, law or rule, without regard to the subsequent discovery or existence of such different or additional facts, legal theories, or authorities, and (b) the Released Defendant Parties shall expressly fully, finally, and forever waive, compromise, settle, discharge, extinguish and release, and, upon the Effective Date, and by operation of the Judgment, shall have waived, compromised, settled, discharged, extinguished, and released, fully, finally, and forever, any and all Released Defendants' Claims against the Released Plaintiff Parties, the Class and Lead Counsel, known or unknown, suspected or unsuspected, contingent or non-contingent, whether or not concealed or hidden, which now exist, or heretofore have existed, upon any theory of law or equity now existing or coming into existence in the future, including, but not limited to, conduct which is negligent, intentional, with or without malice, or a breach of any duty, law or rule, without regard to the subsequent discovery or existence of such different or additional facts, legal theories, or authorities. The Settling Parties acknowledge, and the Released Plaintiff Parties and Released Defendant Parties shall be deemed by operation of the Judgment to have acknowledged, that the foregoing waiver was separately bargained for and is an essential element of the Settlement of which this release is a part.

c. "Released Defendant Parties" means each and all of "Defendants", "Defendants' Counsel", and any of their "Related Parties," as defined in the Stipulation.

d. "Released Plaintiff Parties" means each and all of "Lead Plaintiff," "Class Members," "Lead Counsel," and any of their "Related Parties," as defined in the Stipulation

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 Applied common stock that occurred during the Class Period and the number of shares held by me (us), to the extent requested.

5. I (We) certify that I am (we are) NOT subject to backup tax withholding under the provisions of Section 3406(a)(1)(C) of the Internal Revenue Code.

☐ Check this box if you are subject to backup withholding.

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 Claim Form by the undersigned is true and correct.

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

Signature of Claimant

Signature of Joint Claimant, if any

Print Name of Claimant

Print Name of Joint Claimant, if any

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

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 Claim Form for your records.
5. The Claims Administrator will acknowledge receipt of your Claim Form by mail or email, within 60 days.
Your claim is not deemed submitted until you receive an acknowledgment email (or postcard if email is not available). If you do not receive an acknowledgment within 60 days, please call the Claims Administrator toll free at 1-833-703-4229.
6. 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.