

Must be Postmarked
No Later Than
October 25, 2013

Curry v. Hansen Medical, Inc.
c/o GCG
P.O. Box 35067
Seattle, WA 98124-3508

HNS



UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA
OAKLAND DIVISION
Curry v. Hansen Medical, Inc., et al.
Case No. 4:09-cv-05094-CW

PROOF OF CLAIM AND RELEASE

YOU MUST COMPLETE THIS PROOF OF CLAIM AND RELEASE AND SUBMIT IT BY OCTOBER 25, 2013, TO BE POTENTIALLY ELIGIBLE TO SHARE IN THE SETTLEMENT.

<u>TABLE OF CONTENTS</u>	<u>PAGE #</u>
SECTION A - CLAIMANT IDENTIFICATION	2
SECTION B - SCHEDULE OF TRANSACTIONS IN HANSEN MEDICAL COMMON STOCK	3
SECTION C - SIGNATURE AND CERTIFICATION.....	4
REMINDER CHECKLIST	6

IMPORTANT: Before Completing This Proof of Claim And Release, Please Carefully Read the Enclosed Instruction Sheet.

QUESTIONS? CALL TOLL-FREE 1 (888) 985-9896 OR VISIT WWW.HANSENMEDICALSECURITIESLITIGATION.COM

To view GCG's Privacy Notice, please visit <http://www.gcginc.com/pages/privacy-policy.php>



SECTION A - CLAIMANT IDENTIFICATION

Beneficial Owner's Name (First, Middle, Last):

[Grid for Beneficial Owner's Name]

Joint Owner's Name (First, Middle, Last):

[Grid for Joint Owner's Name]

If you are a bank or other institution filing on behalf of a third-party, and an account is needed to identify the claimant for your records, indicate the account number here:

[Grid for Account Number]

Last 4 digits of Claimant Social Security Number/Taxpayer ID Number:

[Grid for Last 4 digits]

Name of the Person you would like the Claims Administrator to Contact Regarding This Claim
(if different from the name(s) listed above):

[Grid for Name of Contact Person]

Claimant or Representative Contact Information:

The Claims Administrator will use this information for all communications relevant to this Claim (including the check, if eligible for payment). If this information changes, you **MUST** notify the Claims Administrator in writing.

Street Address:

[Grid for Street Address]

City:

[Grid for City]

State:

Zip Code:

[Grid for State]

[Grid for Zip Code]

Country (Other than U.S.):

[Grid for Country]

Daytime Telephone Number:

Evening Telephone Number:

([Grid]) [Grid] - [Grid]

([Grid]) [Grid] - [Grid]

Email Address:

[Grid for Email Address]

(Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

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.HansenMedicalSecuritiesLitigation.com or you may e-mail the Claims Administrator at eClaim@gcginc.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 numbers 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 eClaim@gcginc.com to inquire about your file and confirm it was received and acceptable.

NOTE: Separate Proof of Claim and Release 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, 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 should be submitted on behalf of one legal entity including all transactions made by that entity no matter how many separate accounts that entity has (e.g., a corporation with multiple brokerage accounts should include all transactions in Hansen Medical common stock) during the Class Period on one Proof of Claim, no matter how many accounts the transactions were made in.



SECTION B - SCHEDULE OF TRANSACTIONS IN HANSEN MEDICAL COMMON STOCK

NOTE: Separately list each of your applicable purchases or sales in Hansen Medical common stock below. Attach a separate schedule if more space is needed. **Be sure to include and sign your name and the last four digits of your Social Security number or Tax ID number on any additional sheets.** The date of purchase or sale is the "trade" date, and not the "settlement" or "payment" date.

1. **BEGINNING HOLDINGS:** State the number of shares of Hansen Medical common stock the Claimant owned at the beginning of trading on **February 19, 2008** (must be documented; if none, write "0" or zero):

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2. **PURCHASES / ACQUISITIONS:** State the number of shares of Hansen Medical common stock purchased or acquired between **February 19, 2008** and **October 18, 2009**, inclusive (must be documented; if none, write "0" or zero):

Trade Date(s) (List Chronologically) Month/Day/Year	Number of Shares Purchased/Acquired	Purchase/Acquisition Price Per Share	Total Purchase Price (excluding commissions, transfer taxes or other fees)
/ /		.	.
/ /		.	.
/ /		.	.
/ /		.	.

3. **PURCHASES:** Please list the number of shares of Hansen Medical common stock purchased during the period **October 19, 2009**, through **January 15, 2010**, inclusive (must be documented; if none, write "0" or zero):

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4. **SALES:** List all sales of Hansen Medical common stock made between **February 19, 2008**, through **January 15, 2010**, inclusive (must be documented; if none, write "0" or zero). ****Please be aware of the extended sale period:**

Trade Date(s) (List Chronologically) Month/Day/Year	Number of Shares Sold	Sale Price Per Share	Total Sale Price (excluding commissions, transfer taxes or other fees)
/ /		.	.
/ /		.	.
/ /		.	.
/ /		.	.

5. **UNSOLD HOLDINGS:** State the number of shares of Hansen Medical common stock owned at the close of trading on **January 15, 2010** (must be documented; if none, write "0" or zero):

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**IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS,
PLEASE PHOTOCOPY THIS PAGE AND CHECK THIS BOX**
IF YOU DO NOT CHECK THIS BOX, THESE ADDITIONAL PAGES MAY NOT BE REVIEWED



**YOU MUST READ THE RELEASE BELOW.
YOUR SIGNATURE ON PAGE 5 WILL CONSTITUTE YOUR ACKNOWLEDGMENT OF THE RELEASE.**

SECTION C - SIGNATURE AND CERTIFICATION

SUBMISSION TO JURISDICTION OF COURT AND ACKNOWLEDGMENTS

I (We) submit this Proof of Claim and Release under the terms of the Stipulation of Settlement described in the Notice. I (We) also submit to the jurisdiction of the United States District Court for the Northern District of California, Oakland Division, with respect to my (our) claim as a Class Member (as defined in the Notice) and for purposes of enforcing the release set forth herein. 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 Litigation. I (We) agree to furnish additional information to Lead Counsel or the Claims Administrator to support this claim if required to do so. I (We) have not submitted any other claim covering the same purchases/acquisitions or sales of Hansen Medical common stock during the Class Period and know of no other Person having done so on my (our) behalf.

DEFINITIONS

(i) “Settling Class Action Defendants” or “Settling Defendants” means Defendants Hansen Medical, Inc., Frederic H. Moll, Steven M. Van Dick, Gary C. Restani, Christopher Sells, PwC, Russell C. Hirsch, John G. Freund, Christopher P. Lowe, James M. Shapiro, and Thomas C. McConnell.

(ii) “Released Claims” or “Released Claims by Settling Class Action Plaintiffs” means any and all claims, causes of action, proceedings, obligations, suits, debts, damages (including interest, attorneys’ fees, expert or consulting fees, and any other costs), demands, agreements, promises, controversies or liabilities whatsoever whether based on federal, state, local, statutory or common law or any other law, rule or regulation, whether fixed or contingent, accrued or un-accrued, liquidated or un-liquidated, at law or in equity, matured or un-matured, whether class or individual in nature, direct or indirect, past or present, which they ever had, now have, or claim to have had, including both claims and unknown claims, arising from both: (1) the purchase of Hansen stock; and (2) the acts, facts, statements or omissions that were, could have been, or were sought to be asserted in the Class Action against any of the Settling Class Action Defendants or any other party.

(iii) “Released Persons” or “Released Class Action Parties” means each and every one of the following: the Settling Class Action Defendants and, whether or not identified in any complaint filed or proposed to be filed in the Litigation, each and all of every Defendant’s past and present directors, officers and employees, controlling stockholders, partners, members, affiliates, principals, agents, representatives, stockholders, predecessors, successors, parents, subsidiaries, divisions, joint ventures, attorneys, investment bankers, commercial bankers, underwriters, financial or investment advisors, consultants, accountants, insurers, coinsurers and reinsurers, spouses, heirs, assigns, executors, personal representatives, marital communities, associates, related or affiliated entities, general or limited partners or partnerships, limited liability companies, member firms, estates, administrators, or any members of their immediate families, or any trusts for which any of them are trustees, settlers or beneficiaries, or any persons or other entities in which any Defendant has a controlling interest or which is related to or affiliated with any Defendant, and any other representatives of any of these Persons or other entities, whether or not any such Released Parties were named, served with process or appeared in the Litigation, provided however that Released Class Action Parties shall not include Hansen’s insurer Hudson Specialty Insurance Company, also known as Hudson Insurance Company or any related co-insurer or reinsurer.

(iv) “Unknown Claims” means any and all Released Claims which Settling Parties or any Class Member does not know or suspect to exist in his, her or its favor at the time of the release of the Released Persons which, if known by him, her or it, might have affected his, her or its settlement with and release of the Released Persons, or might have affected his, her or its decision not to object to this Settlement. Unknown Claims include those claims in which some or all of the facts comprising the claim may be suspected, or even undisclosed, concealed, or hidden. With respect to any and all Released Claims, the Settling Parties stipulate and agree that, upon the Effective Date, Settling Parties shall expressly waive, and each of the Class Members 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 which the creditor does not know or suspect to exist in his or her favor at the time of executing the release, which if known by him or her must have materially affected his or her settlement with the debtor.

Settling Parties shall expressly waive, and each of the Class Members 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 or foreign law, which is similar, comparable or equivalent in effect to California Civil Code § 1542. Settling Parties and Class Members may hereafter discover facts in addition to or different from those which he, she or it now knows or believes to be true with respect to the subject matter of the Released Claims, but Settling Parties shall expressly and each Class Member, upon the Effective Date, shall be deemed to have, and by operation of the Judgment shall have, fully, finally, and forever settled and released any and all Released Claims, 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, heretofore have existed, or coming into existence in the future, including, but not limited to, conduct which is negligent, reckless, intentional, with or without malice, or a breach of any duty, law, rule or regulation, without regard to the subsequent discovery or existence of such different or additional facts. Settling Parties acknowledge, and the Class Members shall be deemed by operation of the Judgment to have acknowledged, that the foregoing waiver was separately bargained for and a key element of the Settlement of which this release is a part.



SECTION C - SIGNATURE AND CERTIFICATION (CONTINUED)

RELEASE

1. I (We) hereby acknowledge full and complete satisfaction of, and do hereby fully, finally, and forever settle, release, relinquish, and discharge, all of the Released Claims against each and all of the Settling Defendants and all of the Released Persons.
2. This Release shall be of no force or effect unless and until the Court approves the Stipulation of 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.

CERTIFICATION

Under penalty of perjury, I (we) hereby certify and represent that I (we) have included information about all of my (our) transactions of Hansen Medical common stock, and detailed information concerning purchases/acquisitions which took place at any time between February 19, 2008 and October 18, 2009, inclusive, and sales which took place at any time between February 19, 2008, and January 15, 2010, inclusive, and that such information and documentation is true and correct to the best of my (our) knowledge. By executing this certification, I (we) acknowledge and agree to be bound by the Release set forth above.

Executed this _____ day of _____,
(Month/Year)

in _____,
(City) (State/Province, Country)

(Sign your name here)

(Joint Owner – Sign your name here)

(Type or print your name here)

(Joint Owner – Type or print your name here)

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



REMINDER CHECKLIST:

1. Please sign the Proof of Claim and Release form at Section C.
2. Remember to attach supporting documentation and please sign and print/type your name on each additional sheet.
3. Do not send original or copies of stock certificates.
4. Keep a copy of your Proof of Claim and Release form for your records.
5. If you desire an acknowledgment of receipt of your Proof of Claim and Release form, please send it Certified Mail, Return Receipt Requested.
6. If you move after submitting your Proof of Claim and Release form, please send your new address to the Claims Administrator.

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