

**Must be Postmarked
No Later Than
June 25, 2009**

**NPS Pharmaceuticals, Inc. Securities Litigation
c/o The Garden City Group, Inc.
PO Box 9329
Dublin, OH 43017-4229
1-866-396-6613**



Claim Number:

Control Number:

PROOF OF CLAIM AND RELEASE

YOU MUST COMPLETE THIS CLAIM FORM BY JUNE 25, 2009 TO BE ELIGIBLE TO SHARE IN THE SETTLEMENT.

<u>TABLE OF CONTENTS</u>	<u>PAGE #</u>
SECTION A - CLAIMANT INFORMATION	2
SECTION B - NPS COMMON STOCK	3
SECTION C - RELEASE AND SIGNATURE	4



SECTION A - CLAIMANT INFORMATION

Claimant Name(s) (as you would like the name(s) to appear on the check, if eligible for payment):

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

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

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 at the address above.

Street Address:

City:

State and Zip Code:

Country (Other than U.S.):

Daytime Telephone Number: () -

Evening Telephone Number: () -

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.)

IF YOU FAIL TO SUBMIT A COMPLETE CLAIM BY JUNE 25, 2009 YOUR CLAIM IS SUBJECT TO REJECTION OR YOUR PAYMENT MAY BE DELAYED.

NOTICE REGARDING ELECTRONIC FILES: Certain claimants with large numbers of transactions may request, or may be requested, to submit information regarding their transactions in electronic files. All Claimants **MUST** submit a manually signed paper Claim Form listing all their transactions, whether or not they also submit electronic copies. If you wish to file your claim electronically, you must contact the Claims Administrator at 1-866-396-6613, or visit its website at www.npssettlement.com, to obtain the required file layout. 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.

NOTE: Separate Proofs of Claim should be submitted for each separate legal entity (for example, 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 (for example, a Corporation with multiple brokerage accounts should include all transactions made in NPS common stock during the Class Period on one Proof of Claim, no matter how many accounts the transactions were made in.)



SECTION B - NPS COMMON STOCK

Persons who received NPS common stock during the Settlement Class Period other than by purchase are not eligible to submit claims for those transactions, and all purchases must be documented.

1. **BEGINNING HOLDINGS:** At the close of business on **August 6, 2001**, I owned shares of NPS common stock. (If none, write "zero" or "0." If other than zero, must be documented.)
2. **PURCHASES:** I made the following purchases of NPS common stock between **August 7, 2001** and **May 2, 2006**, inclusive (If none, write "zero" or "0." If other than zero, must be documented.)

Date(s) of Purchase (List Chronologically) (Month/Day/Year)	Number of Shares of Common Stock Purchased	Purchase Price Per Share of Common Stock	Aggregate Cost (including commissions, taxes, and fees)
/ /		\$.	\$.
/ /		\$.	\$.
/ /		\$.	\$.
/ /		\$.	\$.

3. **PURCHASES:** Number of shares of NPS common stock purchased during the period between **May 3, 2006** and **July 31, 2006**, inclusive, (If none, write "zero" or "0." If other than zero, must be documented.)
4. **SALES:** I made the following sales of NPS common stock between **August 7, 2001** and **July 31, 2006**, inclusive (If none, write "zero" or "0." If other than zero, must be documented.)

Date(s) of Sale (List Chronologically) (Month/Day/Year)	Number of Shares of Common Stock Sold	Sale Price Per Share of Common Stock	Amount Received (net of commissions, taxes, and fees)
/ /		\$.	\$.
/ /		\$.	\$.
/ /		\$.	\$.
/ /		\$.	\$.

5. **UNSOLD HOLDINGS:** At the close of business on **July 31, 2006**, I owned shares of NPS common stock. (If none, write "zero" or "0." If other than zero, must be documented.)

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



SECTION C - RELEASE AND SIGNATURE

1. I affirm that I purchased NPS common stock between August 7, 2001 and May 2, 2006, inclusive. (Do not submit this Proof of Claim if you did not purchase NPS common stock during this period).

2. By submitting this Proof of Claim, I state that I believe in good faith that:

- I am a Settlement Class Member as defined above and in the Notice of Pendency of Class Action and Proposed Settlement, Motion for Attorneys' Fees and Settlement Hearing (the "Notice"); or
- I am acting for such person (Note: If you are acting in a representative capacity on behalf of a Settlement Class Member (e.g., as an executor, administrator, trustee, or other representative), you must submit evidence of your current authority to act on behalf of that Settlement Class Member. Such evidence would include, for example, letters testamentary, letters of administration, or a copy of the trust documents.)

I further state that I believe in good faith that:

- I may be a Settlement Class Member; and
- I am not a Defendant in the litigation that is the subject of this settlement or anyone excluded from the Net Settlement Fund; and
- I have read and understand the Notice and believe that I am entitled to receive a share of the Net Settlement Fund; and
- I elect to participate in the proposed settlement described in the Notice and have not filed a request for exclusion.

3. I consent to the jurisdiction of the Court with respect to all questions concerning the validity of this Proof of Claim. I understand and agree that my claim may be subject to investigation and discovery under the Federal Rules of Civil Procedure, provided that such investigation and discovery shall be limited to my status as a Settlement Class Member and the validity and amount of my claim. No discovery shall be allowed on the merits of the litigation or settlement in connection with processing of the Proofs of Claim.

4. Where requested below, I have set forth all relevant information regarding each of my purchases and/or sales of NPS common stock during the Class Period. I agree to furnish additional information (including transactions in other NPS securities) to the Claims Administrator, if requested to do so.

5. In support of my claim I have enclosed photocopies of the stockbroker's confirmation slips, stockbroker's statements, or other documents evidencing each relevant purchase, sale or retention of NPS common stock. (IF ANY SUCH DOCUMENTS ARE NOT IN YOUR POSSESSION, PLEASE OBTAIN A COPY OR EQUIVALENT DOCUMENTS FROM YOUR BROKER BECAUSE THESE DOCUMENTS ARE NECESSARY TO PROVE AND PROCESS YOUR CLAIM.)

6. I understand that the information contained in this Proof of Claim is subject to such verification as required by the Claims Administrator or directed by the Court, and I agree to cooperate in any such verification. (The information requested herein is designed to provide the minimum amount of information necessary to process most claims. The Claims Administrator may request additional information to efficiently and reliably calculate your Recognized Claim. The Claims Administrator may condition acceptance of the claim upon the production of additional information, including, where applicable, information concerning transactions in any derivatives of the subject securities, e.g. option contracts.)

7. By operation of law, upon the Effective Date as defined in the Settlement, my decision not to exclude myself (or "opt-out") from the settlement constitutes a full and complete release and discharge of the Released Claims as to all Defendants and their Related Parties on behalf of me, my past or present subsidiaries, parents, successors, predecessors, officers, partners, directors, agents, employees, attorneys, advisors, investment advisors, insurers, auditors, accountants, legal representatives, heirs, executors, trustees, administrators, and assigns.

I declare under penalty of perjury under the laws of the United States of America that the foregoing information supplied by the undersigned is true and correct.

Executed this _____ day of _____, in _____, _____.

(Month/Year)

(City)

(State/Country)

(Sign your name here)

(Type or print your name here)

(Joint owner sign your name here)

(Joint owner type or print your name here)

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

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

REMINDER CHECKLIST

1. Please fill out this form in its entirety.
2. Don't forget to sign page 4 of this form.
3. For an overview of what constitutes adequate supporting documentation please visit www.gardencitygroup.com/cases/filingtips.html.
4. **DO NOT SEND ORIGINALS OF ANY SUPPORTING DOCUMENTS.**
5. The Claims Administrator will acknowledge receipt of your Proof of Claim by mail, within 45 days. Your Claim is not deemed filed until you receive an acknowledgment postcard. If you do not receive an acknowledgment postcard within 45 days, please call the Claims Administrator toll free at 1-866-396-6613.
6. If you move, please send us your new address.
7. **Do not use highlighter on the Proof of Claim form or supporting documentation.**
8. Please make a copy of your completed form for your records.

THIS PROOF OF CLAIM MUST BE POSTMARKED NO LATER THAN
JUNE 25, 2009 AND MUST BE MAILED TO:

**NPS Pharmaceuticals, Inc. Securities Litigation
c/o The Garden City Group, Inc.
PO Box 9329
Dublin, OH 43017-4229**