



2. Submission of this Claim Form, however, does not assure that you will share in the proceeds of the Net Settlement Fund in the Actions.

3. YOU MUST MAIL OR SUBMIT ONLINE YOUR COMPLETED AND SIGNED CLAIM FORM ON OR BEFORE SEPTEMBER 6, 2023, ADDRESSED AS FOLLOWS:

*Nutanix Securities Settlement*  
c/o Gilardi & Co. LLC  
P.O. Box 301133  
Los Angeles, CA 90030-1133  
[www.NutanixSecuritiesSettlement.com](http://www.NutanixSecuritiesSettlement.com)

If you are NOT a member of the Class, as defined above and in the Notice of Pendency and Proposed Settlement of Class Actions (the "Notice"), DO NOT submit a Claim Form as you may not, directly or indirectly, participate in the Settlement.

4. If you are a member of the Class and you do not timely and validly request exclusion from the Class, you are bound by the terms of any judgment entered in the Actions, including the releases provided therein, WHETHER OR NOT YOU SUBMIT A CLAIM FORM.

5. It is important that you completely read and understand the Notice that accompanies this Claim Form, including the Plan of Allocation of the Net Settlement Fund set forth in the Notice. 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. The Notice also contains the definitions of many of the defined terms (which are indicated by initial capital letters) used in this Claim Form. 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.

## **B. CLAIMANT IDENTIFICATION**

1. If you purchased or acquired Nutanix securities, and/or transacted publicly traded Nutanix call options and/or put options, and held the certificate(s) in your name, you are the beneficial purchaser or acquirer as well as the record purchaser or acquirer. If, however, the certificate(s) were registered in the name of a third party, such as a nominee or brokerage firm, you are the beneficial purchaser and the third party is the record purchaser.

2. Use Part II of this form entitled "Claimant Identification" to identify the beneficial owner(s) of Nutanix securities and/or publicly traded Nutanix call or put options. The complete name(s) of the beneficial owner(s) must be entered. If you held the eligible Nutanix securities and/or publicly traded Nutanix call or put options in your own name, you are the beneficial owner as well as the record owner. If, however, your eligible Nutanix securities and/or publicly traded Nutanix call or put options 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 FILED AND SIGNED BY THE ACTUAL BENEFICIAL PURCHASER(S) OR ACQUIRER(S) OR THE LEGAL REPRESENTATIVE OF SUCH PURCHASER(S) OR ACQUIRER(S) OF THE NUTANIX SECURITIES AND/OR PUBLICLY TRADED NUTANIX CALL OR PUT OPTIONS UPON WHICH THIS CLAIM IS BASED.

3. All joint purchasers must sign this Claim Form and be identified in Part II. 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.** Separate 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 Claim Form should be submitted on behalf of one legal entity including all transactions made by that entity on one 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 Claim Form).

5. Agents, executors, administrators, guardians, and trustees must complete and sign the Claim Form 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 Nutanix securities and/or publicly traded Nutanix call or put options; and

(c) furnish herewith evidence of their authority to bind to the Claim Form the person or entity on whose behalf they are acting. (Authority to complete and sign a Claim Form cannot be established by stockbrokers demonstrating only that they have discretionary authority to trade securities in another person's accounts.)

6. By submitting a signed Claim Form, you will be swearing that you:

(a) own or owned the Nutanix securities and/or publicly traded Nutanix call or put options you have listed in the Claim Form; or

(b) are expressly authorized to act on behalf of the owner thereof.

### **C. CLAIM FORM**

1. Use Part III of this form entitled "Schedule of Transactions in Nutanix Common Stock," Part IV entitled "Schedule of Transactions in Nutanix Notes (CUSIP 67059NAB4 or 67059NAA6)," and Part V entitled "Schedule of Transactions in Nutanix Options" to supply all required details of your transaction(s) in Nutanix securities and/or publicly traded Nutanix call or put options. 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 schedules, provide all of the requested information with respect to all of your purchases, acquisitions, transactions, and sales of Nutanix securities and/or publicly traded Nutanix call or put options that took place at any time on or between and including November 30, 2017 and August 28, 2019, whether such transactions resulted in a profit or a loss. Failure to report all such transactions may result in the rejection of your claim. Also, list the number of Nutanix securities and/or publicly traded Nutanix call or put options held at the close of trading on November 30, 2017, February 4, 2019 (Options only), May 30, 2019, and August 28, 2019.

3. List each transaction in the Class Period 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 genuine and sufficient documentation for all of your transactions in and holdings of Nutanix securities and/or publicly traded Nutanix call or put options set forth in the Claim Form. Documentation may consist of copies of brokerage confirmation slips or 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. The parties and the Claims Administrator do not independently have information about your investments in Nutanix securities and/or publicly traded Nutanix call or put options. **IF SUCH DOCUMENTS ARE NOT IN YOUR POSSESSION, PLEASE OBTAIN COPIES OF THE DOCUMENTS OR EQUIVALENT DOCUMENTS FROM YOUR BROKER. FAILURE TO SUPPLY THIS DOCUMENTATION MAY RESULT IN THE REJECTION OF YOUR CLAIM. 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.**

5. The above requests are designed to provide the minimum amount of information necessary to process the simplest claims. The Claims Administrator may request additional information as required to efficiently and reliably calculate your losses. In the event the Claims Administrator cannot perform the calculation accurately or at a reasonable cost to the Class with the information provided, the Claims Administrator may condition acceptance of the claim upon the production of additional information and/or the claimant's responsibility for any increased costs due to the nature and/or scope of the claim.

6. 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.

7. **PLEASE NOTE:** As set forth in the Plan of Allocation, each Authorized Claimant shall receive their, his, her, or its *pro rata* share of the Net Settlement Fund. If the prorated payment to any claimant calculates to less than \$10.00, no payment shall be made to that claimant.

8. 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, Gilardi & Co. LLC, at the address on the first page of the Claim Form, by email at [info@NutanixSecuritiesSettlement.com](mailto:info@NutanixSecuritiesSettlement.com), or by toll-free phone at 1-888-850-8229, or you can visit the website, [www.NutanixSecuritiesSettlement.com](http://www.NutanixSecuritiesSettlement.com), where copies of the Claim Form and Notice are available for downloading.

**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. To obtain the **mandatory** electronic filing requirements and file layout, you may email the Claims Administrator's electronic filing department at [edata@gilardi.com](mailto:edata@gilardi.com). **Any file not in accordance with the required electronic filing format will be subject to rejection.** Only one claim should be submitted for each separate legal entity (see ¶B.4 above) and the **complete** name of the beneficial owner(s) of the securities must be entered where called for (see ¶B.2 above). Distribution payments must be made by check or electronic payment payable to the Authorized Claimant (beneficial account owner). The Third Party Filer shall not be the payee of any distribution payment check or electronic distribution payment. No electronic files will be considered to have been submitted unless the Claims Administrator issues an email to that effect. **Do not assume that your file has been received 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 [edata@gilardi.com](mailto:edata@gilardi.com) to inquire about your file and confirm it was received.**

Official  
Office  
Use  
Only

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

*In re Nutanix, Inc. Securities Litigation*

*John P. Norton, on behalf of the Norton Family Living  
Trust UAD 11/15/2002 v. Nutanix, Inc., et al.,*

No. 3:19-cv-01651-WHO (N.D. Cal.)

No. 3:21-cv-04080-WHO (N.D. Cal.)

**Must Be Postmarked (if Mailed)  
or Received (if Submitted Online)  
No Later Than September 6, 2023**

**NUX**

Please Type or Print in the Boxes Below  
Do NOT use Red Ink, Pencil, or Staples

**PROOF OF CLAIM AND RELEASE FORM**

**PART II. CLAIMANT IDENTIFICATION**

Last Name	M.I.	First Name

Last Name (Co-Beneficial Owner)	M.I.	First Name (Co-Beneficial Owner)

IRA     
  Joint Tenancy     
  Employee     
  Individual     
  Other

Company Name (Beneficial Owner - If Claimant is not an Individual) or Custodian Name if an IRA (specify)

Trustee/Asset Manager/Nominee/Record Owner's Name (If Different from Beneficial Owner Listed Above)

Account#/Fund# (Not Necessary for Individual Filers)

Last Four Digits of Social Security Number	or	Taxpayer Identification Number
<input type="text"/>		<input type="text"/>

Telephone Number (Primary Daytime)	Telephone Number (Alternate)
<input type="text"/>	<input type="text"/>

Email Address

**MAILING INFORMATION**

Address

Address (cont.)

City	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Foreign Province	Foreign Postal Code	Foreign Country Name/Abbreviation
<input type="text"/>	<input type="text"/>	<input type="text"/>

FOR CLAIMS PROCESSING ONLY	OB <input type="text"/>	CB <input type="text"/>	<input type="radio"/> ATP <input type="radio"/> KE <input type="radio"/> ICI	<input type="radio"/> BE <input type="radio"/> DR <input type="radio"/> EM	<input type="radio"/> FL <input type="radio"/> ME <input type="radio"/> ND	<input type="radio"/> OP <input type="radio"/> RE <input type="radio"/> SH	MM / DD / YYYY	FOR CLAIMS PROCESSING ONLY
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**PART V. SCHEDULE OF TRANSACTIONS IN NUTANIX OPTIONS  
PURCHASES**

Please be sure to include proper documentation with your Claim Form as described in detail in ¶C.4 of the Instructions. Do not include information regarding securities other than Nutanix.

A. Number of Nutanix options held at the close of trading on November 30, 2017: Proof Enclosed?  
 Y  N

B. I made the following purchase of options on Nutanix common stock during the period from November 30, 2017 **after the close of trading** through May 30, 2019, inclusive:

Date(s) of transaction (List Chronologically) (MM/DD/YY)	Number of option contracts acquired	Expiry Date (MM/YY)	Strike Price	Transaction price per option contract	[X]expired [A]ssigned [E]xercised	Assigned/Exercised Date (MM/DD/YY)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Option Type: <input type="radio"/> Put <input type="radio"/> Call						Proof of transaction Enclosed? <input type="radio"/> Y <input type="radio"/> N
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Option Type: <input type="radio"/> Put <input type="radio"/> Call						Proof of transaction Enclosed? <input type="radio"/> Y <input type="radio"/> N
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Option Type: <input type="radio"/> Put <input type="radio"/> Call						Proof of transaction Enclosed? <input type="radio"/> Y <input type="radio"/> N
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Option Type: <input type="radio"/> Put <input type="radio"/> Call						Proof of transaction Enclosed? <input type="radio"/> Y <input type="radio"/> N
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Option Type: <input type="radio"/> Put <input type="radio"/> Call						Proof of transaction Enclosed? <input type="radio"/> Y <input type="radio"/> N

**SALES/WRITTEN**

C. I made the following sales/written options on Nutanix common stock during the period from November 30, 2017 **after the close of trading** through May 30, 2019, inclusive.

Date(s) of transaction (List Chronologically) (MM/DD/YY)	Number of option contracts acquired	Expiry Date (MM/YY)	Strike Price	Transaction price per option contract	[X]expired [A]ssigned [E]xercised	Assigned/Exercised Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Option Type: <input type="radio"/> Put <input type="radio"/> Call						Proof of transaction Enclosed? <input type="radio"/> Y <input type="radio"/> N
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Option Type: <input type="radio"/> Put <input type="radio"/> Call						Proof of transaction Enclosed? <input type="radio"/> Y <input type="radio"/> N
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Option Type: <input type="radio"/> Put <input type="radio"/> Call						Proof of transaction Enclosed? <input type="radio"/> Y <input type="radio"/> N
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Option Type: <input type="radio"/> Put <input type="radio"/> Call						Proof of transaction Enclosed? <input type="radio"/> Y <input type="radio"/> N
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Option Type: <input type="radio"/> Put <input type="radio"/> Call						Proof of transaction Enclosed? <input type="radio"/> Y <input type="radio"/> N

D. Number of Nutanix options held at the close of trading on May 30, 2019: Proof Enclosed?  
 Y  N

IF YOU REQUIRE ADDITIONAL SPACE, ATTACH EXTRA SCHEDULES IN THE SAME FORMAT AS ABOVE.  
SIGN AND PRINT YOUR NAME ON EACH ADDITIONAL PAGE.





## PART VI. SUBMISSION TO JURISDICTION OF COURT AND ACKNOWLEDGMENTS

I (We) submit this Claim Form under the terms of the Stipulation of Settlement dated April 7, 2023 ("Stipulation") described in the Notice. I (We) also submit to the jurisdiction of the United States District Court for the Northern District of California 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 Actions. I (We) agree to furnish additional information to Lead Counsel and/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, transactions, or sales of Nutanix securities and/or publicly traded Nutanix call or put options during the Class Period and know of no other Person having done so on my (our) behalf.

## PART VII. 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 (including Unknown Claims) against each and all of the Released Defendant Parties, all as defined herein and in the Notice and Stipulation.

2. This release shall be of no force or effect unless and until the Court approves the Stipulation 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 and have not submitted any other claim covering the same purchases of Nutanix securities and/or transactions of publicly traded Nutanix call or put options, and know of no other person having done so on my (our) behalf.

4. I (We) hereby warrant and represent that I (we) have included all requested information about all of my (our) purchases or acquisitions of Nutanix securities and/or transactions of publicly traded Nutanix call or put options during the Class Period, as well as the number of securities held at the close of trading on the dates requested in this claim form.

5. The number(s) shown on this form is (are) the correct SSN/TIN(s).

6. I (We) waive the right to trial by jury, to the extent it exists, and agree to the determination by the Court of the validity or amount of this claim, and waive any right of appeal or review with respect to such determination.

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

(NOTE: If you have been notified by the Internal Revenue Service that you are subject to backup withholding, you must cross out Item 7 above.)

I (We) 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)

\_\_\_\_\_  
(Sign your name here)

\_\_\_\_\_  
(Type or print your name here)

\_\_\_\_\_  
(Type or print your name here)

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

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

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

Reminder Checklist:

1. Please sign the above release and acknowledgment.
2. Remember to attach copies of supporting documentation, if available.
3. Do not send original stock certificates. Attach only **copies** of acceptable supporting documentation as these documents will not be returned to you.
4. Keep a copy of your Claim Form and all supporting documentation for your records.
5. If you move, please send us your new address.
6. If you have any questions or concerns regarding your claim, contact the Claims Administrator at *Nutanix Securities Settlement*, c/o Gilardi & Co. LLC, P.O. Box 301133, Los Angeles, CA 90030-1133, by email at [info@NutanixSecuritiesSettlement.com](mailto:info@NutanixSecuritiesSettlement.com), or by toll-free phone at 1-888-850-8229, or you may visit [www.NutanixSecuritiesSettlement.com](http://www.NutanixSecuritiesSettlement.com). DO NOT call Nutanix, the other Defendants, or their counsel with questions regarding your claim.

**THIS CLAIM FORM MUST BE SUBMITTED ONLINE OR MAILED  
NO LATER THAN SEPTEMBER 6, 2023, ADDRESSED AS FOLLOWS:**

*Nutanix Securities Settlement*  
c/o Gilardi & Co. LLC  
P.O. Box 301133  
Los Angeles, CA 90030-1133  
[www.NutanixSecuritiesSettlement.com](http://www.NutanixSecuritiesSettlement.com)

