Elanco Animal Health Inc. Fair Fund
Fund Administrator
P.O. Box 2228
Portland, OR 97208-2228

Website: www.ElancoAnimalHealthFairFund.com
Email: Info@ElancoAnimalHealthFairFund.com
Telephone: 1-877-239-1876

CLAIM FORM

This claim is being solicited pursuant to a Plan of Distribution approved by the United States Securities and Exchange Commission (the "Plan") in the action entitled *In the Matter of Elanco Animal Health Inc.*, Admin. Proc. File No. 3-22309 (Nov. 12, 2024). You can obtain a copy of the Plan at www.ElancoAnimalHealthFairFund.com, by emailing Info@ElancoAnimalHealthFairFund.com, or by calling the Fund Administrator at 1-877-239-1876. Claims may be made by individuals and entities, or their lawful successors, who purchased or acquired Elanco Animal Health Inc. common stock registered with the Commission and traded under the symbol ELAN (the "Security") during the period between May 9, 2019, and May 6, 2020, inclusive (the "Relevant Period").

Any and all claims must be asserted via this Claim Form. Any prior or alternative communications with the Securities and Exchange Commission (the "SEC"), the Fund Administrator, or any other person or entity do not constitute a claim.

YOU MUST SUBMIT A COMPLETED CLAIM FORM WITH THE NECESSARY DOCUMENTATION ON OR BEFORE THE DEADLINE TO BE CONSIDERED FOR ELIGIBILITY TO RECEIVE A DISTRIBUTION PAYMENT FROM THE ELANCO ANIMAL HEALTH FAIR FUND. IF YOU SEND THE CLAIM FORM BY U.S. MAIL, IT MUST BE POSTMARKED BY SEPTEMBER 14, 2026 (THE "CLAIMS BAR DATE"). IF YOU SUBMIT THE CLAIM FORM ONLINE, IT MUST BE RECEIVED BY SEPTEMBER 14, 2026.

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PART I: CLAIM FORM INSTRUCTIONS

A. This Claim Form has been sent to you because you may be a Preliminary Claimant in this matter. In order to participate, you must complete and sign this Claim Form and provide supporting documents for any eligible transactions you claim. If you fail to file a completed and signed Claim Form and supporting documents, your claim may be rejected, and you may be determined to be ineligible for any payment in this matter.

B. Submission of this Claim Form does not assure that you will share in the proceeds of the Fair Fund created in this matter. Your eligibility will depend on the eligibility criteria in the Plan and will be subject to a $20.00 Minimum Distribution Amount.

C. CLAIM FORMS MAY BE SUBMITTED
(I) BY U.S. MAIL TO THE CASE ADDRESS BELOW:

ELANCO ANIMAL HEALTH INC. FAIR FUND
FUND ADMINISTRATOR
PO BOX 2228
PORTLAND, OR 97208-2228

(II) THROUGH THE ONLINE CLAIMS PORTAL AT WWW.ELANCOANIMALHEALTHFAIRFUND.COM; OR
(III) VIA EMAIL TO INFO@ELANCOANIMALHEALTHFAIRFUND.COM. YOU MUST SUBMIT A COMPLETED CLAIM FORM WITH THE NECESSARY DOCUMENTATION ON OR BEFORE THE DEADLINE TO BE CONSIDERED FOR ELIGIBILITY TO RECEIVE A DISTRIBUTION PAYMENT FROM THE ELANCO ANIMAL HEALTH FAIR FUND. IF YOU SEND THE CLAIM FORM BY U.S. MAIL, IT MUST BE POSTMARKED BY SEPTEMBER 14, 2026 (THE "CLAIMS BAR DATE"). IF YOU SUBMIT THE CLAIM FORM ONLINE, IT MUST BE RECEIVED BY SEPTEMBER 14, 2026.

D. If you are NOT a Preliminary Claimant, as defined in the Plan Notice, DO NOT submit a Claim Form.

E. Use the section of this form entitled "Claimant Identification" to identify each owner of record. THIS CLAIM MUST BE FILED BY THE ACTUAL BENEFICIAL OWNER(S) OR THE LEGAL REPRESENTATIVE OF SUCH OWNER(S) OF SHARES UPON WHICH THIS CLAIM IS BASED.

F. Use the section of this form entitled "Schedule of Transactions in ELAN" to supply all required details of your transaction(s). 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.

G. Complete a separate Claim Form for each account that qualifies.

H. Provide all of the requested information with respect to the shares that you acquired at any time during the Relevant Period, whether such transactions resulted in a profit or a loss. Failure to report all such transactions may result in the rejection of your claim.

I. List each transaction in the Relevant Period in chronological order, by trade date, beginning with the earliest. You must accurately provide the month, day, and year, as well as time of day for each transaction you list.

J. Documentation of your transactions in Elanco Animal Health Inc. common stock must be attached to your claim. Failure to provide this documentation could delay verification of your claim or result in rejection of your claim.

K. The above requests are designed to provide the minimum amount of information necessary to process the simplest claims. The Fund Administrator may request additional information as required to efficiently and reliably calculate your losses. For a detailed explanation regarding how your losses will be calculated, please refer to the Plan of Allocation attached as Exhibit A to the Plan, which can be found online at the website listed below.

You must submit a completed Claim Form with the necessary documentation on or before the deadline to be considered for eligibility to receive a Distribution Payment from the Elanco Animal Health Fair Fund. If you send the Claim Form by U.S. Mail, it must be postmarked by SEPTEMBER 14, 2026 (the "Claims Bar Date"). If you submit the Claim Form online, it must be received by SEPTEMBER 14, 2026.

ATTENTION NOMINEES AND BROKERAGE FIRMS: If you are filing claim(s) electronically on behalf of beneficial owners, detailed instructions are available on the website at www.ElancoAnimalHealthFairFund.com along with the formatted electronic filing template. You may also send an email to Info@ElancoAnimalHealthFairFund.com requesting this information.

PART II: CLAIMANT IDENTIFICATION

Beneficial Owner's First Name | MI | Beneficial Owner's Last Name

Co-Beneficial Owner's First Name | MI | Co-Beneficial Owner's Last Name

Entity Name (if Beneficial Owner 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 Code

Country

Telephone Number (Day) – –

Telephone Number (Evening) – –

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)

Account Number (where securities were traded)

Claimant Account Type (check appropriate box)

- ☐ Individual
- ☐ Joint
- ☐ Corporation
- ☐ IRA/401K
- ☐ Pension Plan
- ☐ Other _____ (please specify)
- ☐ Estate
- ☐ Trust

PART III: SCHEDULE OF TRANSACTIONS IN ELANCO ANIMAL HEALTH INC. COMMON STOCK

Beginning Holdings:

A. List the number of Elanco Animal Health Inc. common stock held at the opening of trading on May 9, 2019. If none, write "0" or "Zero".

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Incoming Elanco Animal Health Inc. Common Stock:

B. List (in chronological order) all purchases, receipts, or transactions that increased your holdings of Elanco Animal Health Inc. common stock from May 9, 2019 to August 4, 2020, inclusive. Please provide all data and list each trade separately (must be documented).

Trade Date (MMDDYY)	Number of Shares Purchased or Acquired	Purchase Price per Share	Total Purchase Price*	Transaction Type (P/R)**

* Excluding taxes, fees, and commissions
** P=Purchase, R=Receipt (transfer in)

Outgoing Elanco Animal Health Inc. Common Stock:

C. List (in chronological order) all sales, deliveries, or transactions that decreased your holdings of Elanco Animal Health Inc. common stock from May 9, 2019 to August 4, 2020, inclusive. Please provide all data and list each trade separately (must be documented).

Trade Date (MMDDYY)	Number of Shares Sold or Delivered	Sale Price per Share	Total Sale Price*	Transaction Type (S/D)**

* Excluding taxes, fees, and commissions
** S=Sale, D=Delivery (transfer out)

Ending Holdings:

D. List the number of Elanco Animal Health Inc. common stock held at the close of trading on August 4, 2020. If none, write "0" or "Zero" (must be documented).

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IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS, PLEASE PHOTOCOPY THIS PAGE, WRITE YOUR NAME ON THE COPY, AND CHECK THIS BOX: ☐

PART IV: SUBSTITUTE W-9 FORM

If you are a U.S. Person, you should complete the Substitute W-9 Form below:

Preliminary Claimant's Full Name (as shown in your income tax return):

Type of entity (check one):

☐ Individual ☐ S-Corporation ☐ Corporation ☐ Exempt Payee ☐ Other

☐ Limited Liability Company
(If you selected Limited Liability Company, please select one of the following three Tax Classifications):

☐ Corporation ☐ S-Corporation ☐ Partnership

If you are an exempt Payee Provide your Exempt Payee Code (if any) or Exemption from FATCA reporting code (if any)

Exempt Payee Code

Exemption from FATCA reporting Code

Enter Social Security Number (SSN) (Individuals Only)

Enter Tax Identification Number (TIN) or Employer Identification Number (EIN) (Other than Individuals)

Under penalties of perjury, I certify that: 1. the number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and 2. I am not subject to backup withholding because: (a) I am exempt from backup with holding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3. I am a U.S. citizen or other U.S. person; and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA.

Note: If you are not a U.S. citizen or other U.S. Person, you should not fill this section out, and instead complete and submit IRS Form W-8BEN, W-8BEN-E, W-8ECI, or W-8IMY. You may download these forms from the IRS website: www.irs.gov/forms-instructions.

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholdings.

Signature

Date: MM – DD – YYYY

PART V: CERTIFICATION AND SIGNATURE

The undersigned represents and certifies UNDER PENALTY OF PERJURY that:

1. I am NOT an Excluded Party. "Excluded Parties" shall mean the following entities of individuals: i) The Respondent (Elanco Animal Health Inc.); ii) Present or former officers or directors of the Respondent or any assigns, creditors, heirs, distributees, spouses, parents, dependent children or controlled entities of any of the foregoing Persons or entities; iii) Any employee or former employee of the Respondent or any of its affiliates who has been terminated for cause or has otherwise resigned, in connection with the conduct described in the Order; iv) Any Person who, as of the Claims Bar Date, has been the subject of criminal charges related to the conduct

described in the Order or any related Commission action; v) Any firm, trust, corporation, officer, or other entity in which the Respondent have or had a controlling interest; vi) The Fund Administrator, its employees, and those Persons assisting the Fund Administrator in its role as the Fund Administrator; and vii) Any purchaser or assignee of another Person's right to obtain a recovery from the Fair Fund for value; provided, however, that this provision shall not be construed to exclude those Persons who obtained such a right by gift, inheritance or devise.

2. I understand that the Fund Administrator may require additional information from me in order to validate or pay my claim, and I agree to provide any information requested by the Fund Administrator for those purposes.

3. I agree that under no circumstances shall the Fund Administrator or its agents incur any liability to me or to any other Person if it makes a distribution in accordance with the Plan and that I am enjoined from taking any action in contravention of this provision.

4. If I am a custodian, trustee, or professional investing on behalf of and representing more than one claimant in a pooled investment fund or entity, I also attest that any distribution received will be allocated for the benefit of current or former pooled investors and not for the benefit of management.

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 _____, _____.
(Day) (Month/Year) (City) (State/Country)

	Date: ☐☐ – ☐☐ – ☐☐☐☐ (MM – DD – YYYY)
Signature of Claimant	
Print Name of Claimant	
	Date: ☐☐ – ☐☐ – ☐☐☐☐ (MM – DD – YYYY)
Signature of Joint Claimant, if any	
Print Name of Joint Claimant, if any	

PART VI: REMINDER CHECKLIST

1. Sign the Certification section of the Claim Form on page 6.
2. Remember to attach supporting documentation.
3. Do not send original documents.
4. Keep a copy of your Claim Form and all documents submitted for your records.
5. If you desire an acknowledgment of receipt of your Claim Form, send your Claim Form by Certified Mail, Return Receipt Requested.
6. If you move or your contact information changes, please send the Fund Administrator your new address and/or contact information change.

ACCURATE CLAIMS PROCESSING CAN TAKE A SIGNIFICANT AMOUNT OF TIME. THANK YOU FOR YOUR PATIENCE.