

ID: 26117462

PIN: RTcHUbks

United States Bankruptcy Court for the Northern District of Texas

Indicate Debtor against which you assert a claim by checking the appropriate box below. (Check only one Debtor per claim form.)

- Eiger BioPharmaceuticals, Inc. (Case No. 24-80040) EB Pharma LLC (Case No. 24-80042) EigerBio Europe Limited (Case No. 24-80044)
 EBPI Merger Inc. (Case No. 24-80041) Eiger BioPharmaceuticals Europe Limited (Case No. 24-80043)

Modified Official Form 410 Proof of Claim

The Debtor has listed your claim on Schedule F (E/F Part 2) as a General Unsecured claim in the amount of \$2,431.00. If you agree with this characterization and amount, you do not need to complete and return this form. If you disagree, please complete and return this form accordingly.

This was paid. I am submitting a NEW CLAIM based on recent new legal advice that exercised stock may be compensated

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Other than a claim under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for an administrative expense arising after the commencement of the case.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies or any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed.

Part 1: Identify the Claim

NameID: 15440929

1. Who is the current creditor?	DR TRACEY L MCLAUGHLIN Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes: From whom? _____	<input checked="" type="checkbox"/> Date Stamped Copy Returned <input type="checkbox"/> No self addressed stamped envelope <input type="checkbox"/> No copy to return
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent? DR TRACEY L MCLAUGHLIN 1860 SANTA CRUZ AVENUE MENLO PARK, CA 94025	Where should payments to the creditor be sent? (if different) Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____ Country _____
	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g) Address _____ Contact phone <u>650 743 0959</u> Contact email <u>tmclaugh@stanford.edu</u>	Contact phone _____ Contact email _____
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
4. Does this claim amend one already filed?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes: Claim number on court claims registry (if known) _____	This is a new claim. The amount of \$2,431.00 for consulting services was paid. The new claim is for something else. Filed on MM / DD / YYYY
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

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Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor?

No

Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 1591
Eigen Case No. 24-80040

7. How much is the claim?

\$ 25,777.49

Does this amount include interest or other charges?

No

Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim?

Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.

Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).

Limit disclosing information that is entitled to privacy, such as health care information.

*Stock exercised (purchased) but not sold.
 See supporting documents.*

9. Is all or part of the claim secured?

No

Yes. The claim is secured by a lien on property.

Nature of property:

Real estate: If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.

Motor vehicle

Other. Describe: _____

Basis for perfection: _____

Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)

Value of property: \$ _____

Amount of the claim that is secured: \$ _____

Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amount should match the amount in line 7.)

Amount necessary to cure any default as of the date of the petition: \$ _____

Annual Interest Rate (when case was filed) _____ %

Fixed

Variable

10. Is this claim based on a lease?

No

Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff?

No

Yes. Identify the property: _____

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12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

No

Yes. Check all that apply:

Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

Up to \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

Wages, salaries, or commissions (up to \$15,150* earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.

Amount entitled to priority

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.

13. Is all or part of the claim entitled to administrative priority pursuant to 11 U.S.C. § 503(b)(9)?

No

Yes. Indicate the amount of your claim arising from the value of any goods received by the debtor within 20 days before the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim.

\$ _____

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

I am the creditor.

I am the creditor's attorney or authorized agent.

I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgement that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date: 12 31 2025
MM / DD / YYYY

Signature

Print the name of the person who is completing and signing this claim:

Name Tracey Lynn McLaughlin
First name Middle name Last name

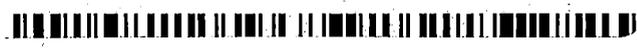
Title _____

Company _____
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 1860 Santa Cruz Ave
Number Street
Menlo Park CA 94025
City State ZIP Code Country

Contact phone 650 743-0959 Email _____

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12/31/25

Eiger Claims Processing Center
c/o KCC dba Verita
222 N. Pacific Coast Hwy, Ste 300
El Segundo, CA 90245d

Dear Claims Representative:

It has come to my attention, via discussion with lawyers, that I may be entitled to compensation for Eiger stock exercised but not sold. I am thus filing a claim for the amount of \$25,779.49. This was a taxable event so I paid income tax on this amount, but at the time of bankruptcy had not sold the stock. The claim form and supporting documents are included. Pls officially acknowledge receipt of this claim by emailing me at tmclaugh@stanford.edu or my mail at the address listed below and on the claim form.

Sincerely,

Tracey McLaughlin, MS, MS
Professor of Medicine
Stanford University

Mailing Address:
1860 Santa Cruz Avenue
Menlo Park, CA 94025

Note - The fact that exercised but not sold stock is eligible for a claim was not known to me until recently when I spoke to a lawyer. The amount was not listed on the website. I purchased the stock, paid taxes on it, but never sold it so I never received any monetary value for it.

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Eiger BioPharmaceuticals, Inc. 350 Cambridge Ave Suite 350 Palo Alto CA 94306		1 Rents \$	OMB No. 1545-0115 2016 Form 1099-MISC	Miscellaneous Income
PAYER'S federal identification number 831-588-9614		2 Royalties \$	3 Other income \$	
RECIPIENT'S identification number 000000 -0022	4 Federal income tax withheld \$	5 Fishing boat proceeds \$	6 Medical and health care payments \$	Copy B For Recipient
RECIPIENT'S name Tracey L McLaughlin Street address (including apt. no.) 1860 Santa Cruz Avenue City or town, state or province, country, and ZIP or foreign postal code Menlo Park, CA 94025	7 Nonemployee compensation \$ 76779.49	8 Substitute payments in lieu of dividends or interest \$	This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.	
Account number (see instructions)	9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$		
FATCA filing requirement <input type="checkbox"/>	11	12		
13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$	15a Section 409A deferrals \$		
15b Section 409A income \$	16 State tax withheld \$	17 State/Payer's state no.	18 State income \$	

Form **1099-MISC**

(keep for your records)

www.irs.gov/form1099misc

Department of the Treasury - Internal Revenue Service

EIGER BIOPHARMACEUTICALS INC (FKA CELLADON CORP)

STOCK OPTIONS EXERCISED
FROM 01/01/2016 TO 12/31/2016
Last Name begins with McL

Page: 1
File: Exercised
Date: 01/31/2017
Time: 12:48:50PM

Name	ID	Option Number	Exercise Date	Type	Plan	Shares	Value Basis	Total Value	Price	Total Price	Ordinary Income	
McLaughlin, Tracey		OP-015	02/09/2016	Cash	2016	1,441	\$19.950000	\$28,747.95	\$2.060000	\$2,968.46	\$26,779.49	
TOTALS							1,441		\$28,747.95		\$2,968.46	
						Hi	\$19.950000		Hi	\$2.060000		
						Avg	\$19.950000		Avg	\$2.060000		
						Lo	\$19.950000		Lo	\$2.060000		

Eiger BioPharmaceuticals, Inc. 1099 Transaction Detail by Vendor January - December 2016

Dr Tracey L McLaughlin

Handwritten:
C = Includes 1099
for Tax
200 → 18.85

Date	Transaction Type	Num	Memo/Description	1099 Box	Amount
01/28/2016	Bill	January 2016	December 2015 Consulting Services	Box 7	5,000.00
04/06/2016	Bill	March 2016	Consulting services - February 2016	Box 7	5,000.00
04/06/2016	Bill	February 2016	January 2016 Consulting Services	Box 7	5,000.00
05/12/2016	Bill	April 2016	March 2016 Consulting Services	Box 7	5,000.00
05/26/2016	Bill	May 2016	April 2016 Consulting Services	Box 7	5,000.00
06/20/2016	Bill	June 2016	May 2016 Monthly consulting agreement	Box 7	5,000.00
08/18/2016	Bill	July 2016	June 2016 Monthly consulting agreement	Box 7	5,000.00
08/16/2016	Bill	Aug. 2016	July 2016 Monthly consulting agreement	Box 7	5,000.00
11/29/2016	Bill	82016	August 2016 Monthly consulting agreement	Box 7	5,000.00
11/29/2016	Bill	October 2016	October 2016 Monthly consulting agreement	Box 7	2,000.00
11/29/2016	Bill	September 2016	September 2016 Monthly consulting agreement	Box 7	2,000.00
11/30/2016	Bill	November 2016	November 2016 Monthly consulting agreement	Box 7	2,000.00
Total for Dr Tracey L McLaughlin					\$ 51,000.00
Income from NQ exercise					\$ 25,779.49
Total 1099 Income for Dr McLaughlin					\$ 76,779.49

Handwritten:
Value of stock on 2/9/16

Handwritten:
not taxed