UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

STADIUM CAPITAL LLC, on behalf of itself and all others similarly situated, Plaintiff, v. CO-DIAGNOSTICS, INC., DWIGHT H. EGAN, and BRIAN L. BROWN, Defendants.	Case No.: 22-cv-6978-AS CLASS ACTION JURY TRIAL DEMANDED

PROOF OF CLAIM AND RELEASE

Deadline for Submission: January 6, 2027

If you purchased or otherwise acquired Co-Diagnostics, Inc. common stock or call options, or sold put options, during the period May 12, 2022 through the close of the market on August 11, 2022 (4:00 p.m. ET), inclusive, and were damaged thereby, you are a member of the Class and you could get a payment from a class action settlement.

IF YOU ARE A CLASS MEMBER, IN ORDER TO BE ELIGIBLE TO RECEIVE A SHARE OF THE NET SETTLEMENT FUND IN CONNECTION WITH THE PROPOSED SETTLEMENT, YOU MUST COMPLETE AND SIGN THIS PROOF OF CLAIM AND RELEASE ("CLAIM FORM") AND MAIL IT BY FIRST CLASS MAIL TO THE BELOW ADDRESS, OR SUBMIT IT ONLINE AT WWW.CO-DIAGNOSTICSSECURITIESLITIGATION.COM, **POSTMARKED (OR RECEIVED) NO LATER THAN JANUARY 6, 2027:**

Co-Diagnostics Securities Litigation
c/o RG/2 Claims Administration, LLC
P.O. Box 59479
Philadelphia, PA 19102-9479

YOUR FAILURE TO SUBMIT YOUR CLAIM FORM BY JANUARY 6, 2027, WILL SUBJECT YOUR CLAIM TO REJECTION AND PRECLUDE YOU FROM BEING ELIGIBLE TO RECEIVE ANY MONEY IN CONNECTION WITH THE SETTLEMENT OF THIS ACTION. DO NOT MAIL OR DELIVER YOUR CLAIM TO THE COURT OR TO ANY OF THE PARTIES TO THE ACTION OR THEIR COUNSEL AS ANY SUCH CLAIM WILL BE DEEMED NOT TO HAVE BEEN SUBMITTED. SUBMIT YOUR CLAIM ONLY TO THE CLAIMS ADMINISTRATOR AT THE ADDRESS ABOVE, OR ONLINE AT WWW.CO-DIAGNOSTICSSECURITIESLITIGATION.COM.

GENERAL INSTRUCTIONS

1. This Claim Form is directed to members of the Class, as defined in the accompanying Notice. Certain persons and entities are excluded from the Class by definition as set forth in ¶ 1 of the Notice.

2. By submitting this Claim Form, you will be making a request to share in the proceeds of the Settlement described in the Notice. IF YOU ARE NOT A CLASS MEMBER, OR IF YOU SUBMITTED A REQUEST FOR EXCLUSION FROM THE CLASS, DO NOT SUBMIT A CLAIM FORM. YOU MAY NOT, DIRECTLY OR INDIRECTLY, PARTICIPATE IN THE SETTLEMENT. THUS, IF YOU ARE EXCLUDED FROM THE CLASS, ANY CLAIM FORM THAT YOU SUBMIT, OR THAT MAY BE SUBMITTED ON YOUR BEHALF, WILL NOT BE ACCEPTED.

3. **Submission of this Claim Form does not guarantee that you will share in the proceeds of the Settlement. The distribution of the Net Settlement Fund will be governed by the Plan of Allocation set forth in the Notice, if it is approved by the Court, or by such other plan of allocation as the Court approves.**

4. Use Part II – Transactions in Co-Diagnostics common stock, Part III – Transactions in Co-Diagnostics call options, or Part IV – Transactions in Co-Diagnostics put options, to supply all required details of your transaction(s) (including free transfers and deliveries) in and holdings of the relevant Co-Dx securities. On this schedule, please provide all of the requested information with respect to your holdings, purchases, and sales of the specified Co-Dx securities, whether such transactions resulted in a profit or a loss. Failure to report all transaction and holding information during the requested time period may result in the rejection of your claim.

5. You are required to submit genuine and sufficient documentation for all of your transactions in and holdings of the relevant Co-Dx securities set forth in Parts II, III, and/or IV of this 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 Co-Dx securities. 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.

8. All joint beneficial owners each must sign this Claim Form and their names must appear as "Claimants" in Part I of this Claim Form. The complete name(s) of the beneficial owner(s) must be entered. If you purchased Co-Dx securities during the Class Period and held the shares in your name, you are the beneficial owner as well as the record owner. If you purchased Co-Dx securities during the Class Period and the shares 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. The beneficial owner, not the record owner, must sign this Claim Form.

9. 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).

10. Agents, executors, administrators, guardians, and trustees must complete and sign the Claim Form on behalf of persons or entities represented by them, and they must:

(a) expressly state the capacity in which they are acting;

(b) identify the name, account number, last four digits of the 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 Co-Dx securities; 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.)

11. 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, RG/2 Claims Administration, LLC at the above address, by email at info@rg2claims.com, or by toll-free phone at 1-866-742-4955, or you can visit the website maintained by the Claims Administrator, www.co-diagnosticssecuritieslitigation.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. 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 info@rg2claims.com, or visit the website for the Settlement at www.co-diagnosticssecuritieslitigation.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.

PART I - CLAIMANT INFORMATION

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 claimant is not an individual)		
Representative or Custodian Name (if different from Beneficial Owner(s) listed above)		
Address 1:		
Address 2:		
City	State	ZIP
Foreign Province	Foreign Country	
Day Phone	Evening Phone	
Email Address:	Broker/Brokerage Company:	
Account Number:		

Specify one of the following:

☐ Individual(s) ☐ Corporation ☐ UGMA Custodian ☐ IRA ☐ Partnership ☐ Estate ☐ Trust

☐ Other:

Enter Taxpayer Identification Number below for the Beneficial Owner(s).

Social Security No. (for individuals) or Taxpayer Identification No. (for estates, trusts, corporations, etc.)

PART II - TRANSACTIONS IN CO-DIAGNOSTICS COMMON STOCK

Complete this Part II if and only if you purchased Co-Diagnostics publicly-traded common stock during the period May 12, 2022 through the close of the market on August 11, 2022, inclusive.

A. Beginning Holdings:

State the total number of shares of Co-Diagnostics common stock owned at the opening of trading on May 12, 2022, long or short *(must be documented)*. If none, write "zero" or "0."

B. Purchases From May 12, 2022 Through August 11, 2022, Inclusive:

Separately list each and every purchase (including free receipts) of Co-Diagnostics common stock from the opening of trading on May 12, 2022 through August 11, 2022, inclusive, and provide the following information *(must be documented)*:

Trade Date (List Chronologically) (Month/Day/Year)	Number of Co-Diagnostics Common Stock Shares Purchased	Price	Total Cost (Excluding Commissions, Taxes, and Fees)

*P – Purchase, R – Received (Transfer-In)

C. Purchases From August 12, 2022 Through November 9, 2022:
State the total number of shares of Co-Diagnostics common stock purchased between August 12, 2022, and November 9, 2022, inclusive *(must be documented)*. If none, write "zero" or "0."[1]

D. Sales From May 12, 2022 Through November 9, 2022, Inclusive:
Separately list each and every sale/disposition (including free deliveries) of Co-Diagnostics common stock during the period from May 12, 2022 through November 9, 2022, inclusive and provide the following information *(must be documented)*:

Trade Date (List Chronologically) (Month/Day/Year)	Number of Co-Diagnostics Common Stock Shares Purchased	Price	Amount Received (Excluding Commissions, Taxes, and Fees)

*S – Sale, D – Delivery (Transfer-Out)

E. Ending Holdings:
State the total number of Co-Diagnostics common stock shares owned at the close of trading on November 9, 2022, long or short *(must be documented)*.

If additional space is needed, attach separate, numbered sheets, giving all required information, substantially in the same format, and print your name and Social Security or Taxpayer Identification number at the top of each sheet.

PART III - TRANSACTIONS IN CO-DIAGNOSTICS CALL OPTIONS

Complete this Part III if and only if you purchased Co-Diagnostics Call Options during the period May 12, 2022 through the close of the market on August 11, 2022, inclusive.

A. Beginning Holdings:
Separately list all positions in Co-Diagnostics Call Options in which you had an open interest as of the opening of trading on May 12, 2022 *(must be documented)*.

IF NONE, CHECK HERE ☐

Strike Price of Call Option Contract	Expiration Date of Call Option Contract (Month/Day/Year)	Option Class Symbol	Number of Call Option Contracts in Which You Had an Open Interest (including any short holdings)
$	/ /		
$	/ /		
$	/ /		
$	/ /		

1 Please note: Information requested with respect to your purchases of Co-Diagnostics common stock from after the opening of trading on August 12, 2022 through the close of trading on November 9, 2022 is needed in order to perform the necessary calculations for your claim; purchases during this period, however, are not eligible transactions and will not be used for purposes of calculating Recognized Loss Amounts pursuant to the Plan of Allocation.

B. Purchases From May 12, 2022 Through August 11, 2022:
Separately list each and every purchase (including free receipts) of Co-Diagnostics Call Options from the opening of trading on May 12, 2022 through August 11, 2022, inclusive, and provide the following information *(must be documented)*:

Date of Purchase/ Acquisition (List Chronologically) (Month/Day/ Year)	Strike Price of Call Option Contract	Expiration Date of Call Option Contract (Month/Day/ Year)	Option Class Symbol	Number of Call Option Contracts Purchased/ Acquired	Purchase/ Acquisition Price Per Call Option Contract	Total Purchase/ Acquisition Price (excluding taxes, commissions, and fees)	Insert an "E" if Exercised Insert an "A" if Assigned Insert an "X" if Expired	Exercise Date (Month/Day/ Year)
/ /	$	/ /			$	$		/ /
/ /	$	/ /			$	$		/ /
/ /	$	/ /			$	$		/ /
/ /	$	/ /			$	$		/ /
/ /	$	/ /			$	$		/ /
/ /	$	/ /			$	$		/ /

C. Sales From May 12, 2022 Through August 12, 2022:
Separately list each and every sale (including free receipts) of Co-Diagnostics Call Options from the opening of trading on May 12, 2022 through August 12, 2022, inclusive, and provide the following information *(must be documented)*

IF NONE, CHECK HERE ☐

Date of Sale (List Chronologically) (Month/Day/Year)	Strike Price of Call Option Contract	Expiration Date of Call Option Contract (Month/ Day/Year)	Option Class Symbol	Number of Call Option Contracts Sold	Sale Price Per Call Option Contract	Total Sale Price (excluding taxes, commissions, and fees)	Insert an "E" if Exercised Insert an "A" if Assigned Insert an "X" if Expired	Exercise Date (Month/Day/ Year)
/ /	$	/ /			$	$		/ /
/ /	$	/ /			$	$		/ /
/ /	$	/ /			$	$		/ /
/ /	$	/ /			$	$		/ /
/ /	$	/ /			$	$		/ /
/ /	$	/ /			$	$		/ /

D. Ending Holdings: Separately list all positions in Co-Diagnostics Call Options in which you had an open interest as of the opening of trading on August 12, 2022 *(must be documented)*.			**IF NONE, CHECK HERE** ☐
Strike Price of Call Option Contract	**Expiration Date of Call Option Contract (Month/Day/Year)**	**Option Class Symbol**	**Number of Call Option Contracts in Which You Had an Open Interest (including any short holdings)**
$	/ /		
$	/ /		
$	/ /		
$	/ /		
If additional space is needed, attach separate, numbered sheets, giving all required information, substantially in the same format, and print your name and Social Security or Taxpayer Identification number at the top of each sheet.			

PART IV - TRANSACTIONS IN CO-DIAGNOSTICS PUT OPTIONS

Complete this Part IV if and only if you sold (wrote) Co-Diagnostics Put Options during the period May 12, 2022 through the close of the market on August 11, 2022, inclusive.

A. Beginning Holdings: Separately list all positions in Co-Diagnostics Call Options in which you had an open interest as of the opening of trading on May 12, 2022 (*(must be documented)*.			**IF NONE, CHECK HERE** ☐
Strike Price of Put Option Contract	**Expiration Date of Put Option Contract (Month/Day/Year)**	**Option Class Symbol**	**Number of Put Option Contracts in Which You Had an Open Interest (including any short holdings)**
$	/ /		
$	/ /		
$	/ /		
$	/ /		

B. Sales (Writing) From May 12, 2022 Through August 11, 2022:
Separately list each and every sale (writing) (including free receipts) of Co-Diagnostics Put Options from the opening of trading on May 12, 2022 through August 11, 2022, inclusive, and provide the following information *(must be documented)*:

Date of Sale (Writing) (List Chronologically) (Month/Day/ Year)	Strike Price of Put Option Contract	Expiration Date of Put Option Contract (Month/ Day/Year)	Option Class Symbol	Number of Put Option Contracts Sold (Written)	Sale Price Per Put Option Contract	Total Sale Price (excluding taxes, commissions, and fees)	Insert an "E" if Exercised Insert an "A" if Assigned Insert an "X" if Expired	Assignment Date (Month/ Day/Year)
/ /	$	/ /			$	$		/ /
/ /	$	/ /			$	$		/ /
/ /	$	/ /			$	$		/ /
/ /	$	/ /			$	$		/ /
/ /	$	/ /			$	$		/ /
/ /	$	/ /			$	$		/ /

C. Purchases From May 12, 2022 Through August 12, 2022:
Separately list each and every purchase (including free receipts) of Co-Diagnostics Put Options from the opening of trading on May 12, 2022 through August 12, 2022, inclusive, and provide the following information *(must be documented)*

IF NONE, CHECK HERE ☐

Date of Purchase/ Acquisition (List Chronologically) (Month/Day/ Year)	Strike Price of Call Option Contract	Expiration Date of Put Option Contract (Month/ Day/Year)	Option Class Symbol	Number of Put Option Contracts Purchased/ Acquired	Purchase/ Acquisition Price Per Put Option Contract	Total Purchase/ Acquisition Price (excluding taxes, commissions, and fees)	Insert an "E" if Exercised Insert an "A" if Assigned Insert an "X" if Expired	Assignment Date (Month/ Day/Year)
/ /	$	/ /			$	$		/ /
/ /	$	/ /			$	$		/ /
/ /	$	/ /			$	$		/ /
/ /	$	/ /			$	$		/ /
/ /	$	/ /			$	$		/ /
/ /	$	/ /			$	$		/ /

D. Ending Holdings:
Separately list all positions in Co-Diagnostics Put Options in which you had an open interest as of the opening of trading on August 12, 2022 *(must be documented)*.

IF NONE, CHECK HERE ☐

Strike Price of Call Option Contract	Expiration Date of Put Option Contract (Month/ Day/Year)	Option Class Symbol	Number of Put Option Contracts in Which You Had an Open Interest (including any short holdings)
$	/ /		
$	/ /		
$	/ /		
$	/ /		

If additional space is needed, attach separate, numbered sheets, giving all required information, substantially in the same format, and print your name and Social Security or Taxpayer Identification number at the top of each sheet.

CERTIFICATION

By signing and submitting this Claim Form, the claimant(s) or the person(s) who represent(s) the claimant(s) agree(s) to the Releases contained in the Notice and certifies (certify) as follows:

1. I (we) purchased Co-Dx securities and was (were) damaged thereby.

2. By submitting this Claim Form, I (we) state that I (we) believe in good faith that I am (we are) a Class Member as defined above and in the Notice, or am (are) acting for such person(s); that I am (we are) not a Defendant in the Action or anyone excluded from the Class; that I (we) have read and understand the Notice; that I (we) believe that I am (we are) entitled to receive a share of the Net Settlement Fund, as defined in the Notice; that I (we) elect to participate in the proposed Settlement described in the Notice; and that I (we) have not filed a request for exclusion.

3. I (we) consent to the jurisdiction of the United States District Court for the Southern District of New York (the "Court") with respect to my (our) claim as a Class Member(s), all questions concerning the validity of this Claim Form, and for purposes of enforcing the Releases set forth in the Notice. I (we) understand and agree that my (our) 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 (our) status as a Class Member(s) and the validity and amount of my (our) claim. No discovery shall be allowed on the merits of the Action or Settlement in connection with processing of the Claim Form.

4. I (we) acknowledge that I (we) will be bound by the terms of any Judgment entered in connection with the Settlement in the Action, including the Releases set forth therein.

5. I (we) have set forth where requested above all relevant information with respect to each purchase of Co-Dx securities during the Class Period, and each sale, if any, as well as my(our) holdings as requested. I (we) agree to furnish additional information to the Claims Administrator to support this claim if requested to do so.

6. I (we) have enclosed photocopies of confirmation slips, account statements, or other documents evidencing each purchase, sale or retention of Co-Dx securities listed above in support of our claim.

7. I (we) understand that the information contained in this Claim Form is subject to such verification as the Claims Administrator may request or as the Court may direct, and I (we) agree to cooperate in any such verification. (The information requested herein is designed to provide the minimum amount of information necessary to process most simple claims. The Claims Administrator may request additional information as required to efficiently and reliably calculate your recognized claim. In some cases, the Claims Administrator may condition acceptance of the claim based upon the production of additional information, including, where applicable, information concerning transactions in any derivatives securities such as options.)

8. 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.

9. Upon the occurrence of the Effective Date, as defined in the Notice, I (we), as a Class Member(s), agree and acknowledge that my (our) signature(s) hereto shall acknowledge full and complete satisfaction of, and shall effect and constitute a full, final, and complete settlement, release, remise and discharge with prejudice by me (us) and my (our) heirs, executors, administrators, predecessors, successors and assigns (or, if I am (we are) submitting this Claim Form on behalf of a corporation, a partnership, estate or one or more other persons, by it, him, her or them, and by its, his, her or their heirs, executors, administrators, predecessors, successors and assigns) of each of the Released Plaintiff's Claims" against the "Defendant Releasees," as defined in the Notice.

10. I (We) certify that I am (we are) NOT subject to backup withholding under the provisions of Section 3406 (a)(1)(c) of the Internal Revenue Code because: (a) I am (We are) exempt from backup withholding, or (b) I (We) have not been notified by the I.R.S. that I am (we are) subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the I.R.S. has notified me (us) that I am (we are) no longer subject to backup withholding.

NOTE: If you have been notified by the I.R.S. that you are subject to backup withholding, please strike out the language that you are not subject to backup withholding in the certification above.

UNDER THE PENALTIES OF PERJURY UNDER THE LAWS OF THE UNITED STATES OF AMERICA, I (WE) DECLARE AND CERTIFY THAT ALL OF THE INFORMATION I (WE) PROVIDED ON THIS PROOF OF CLAIM AND RELEASE IS TRUE, CORRECT AND COMPLETE.

Signature of Claimant (If this claim is being made on behalf of Joint Claimants, then each must sign)

_____
(Signature)

_____
(Signature)

_____
(Capacity of person(s) signing, e.g. beneficial purchaser(s), executor, administrator, trustee, etc.)

Date: _____

THIS CLAIM FORM MUST BE MAILED TO THE CLAIMS ADMINISTRATOR BY FIRST-CLASS MAIL, OR SUBMITTED ONLINE AT WWW.CO-DIAGNOSTICSSECURITIESLITIGATION.COM, POSTMARKED (OR RECEIVED) NO LATER THAN JANUARY 6, 2027. IF MAILED, THE CLAIMS FORM SHOULD BE ADDRESSED TO:

Co-Diagnostics Securities Litigation
c/o RG/2 Claims Administration, LLC
P.O. Box 59479
Philadelphia, PA 19102-9479

If mailed, a Claim Form received by the Claims Administrator shall be deemed to have been submitted when posted, if mailed by January 6, 2027, and if a postmark is indicated on the envelope and it is mailed first class and addressed in accordance with the above instructions. In all other cases, a Claim Form shall be deemed to have been submitted when actually received by the Claims Administrator.

REMINDER CHECKLIST

o Please be sure to sign this Claim Form. If this Claim Form is submitted on behalf of joint claimants, then both claimants must sign.

o Please remember to attach supporting documents. Do NOT send any stock certificates. Keep copies of everything you submit.

o Do NOT use highlighter on the Claim Form or any supporting documents.

o If you move after submitting this Claim Form, please notify the Claims Administrator of the change in your address.