

**MolMed S.p.A.– Ordinary Meeting of April 10th, 2017
Proxy Form**

Complete the required information, sign and send the form to the Company as per the instructions provided at the bottom of the form ¹

*** mandatory**

Mr/Mrs² * born in * on* Tax Code*
resident in (city)* at (street address)*
holder of no..... Molmed ordinary shares held in share account³ no.at Bank Code..... Branch Code
pursuant to communication no.⁴ *effettuata da*

DELEGATES

5.....

With option to be substituted by⁶.....

To appear and represent him/her at the ordinary and extraordinary meeting of MOLMED S.p.A., to be held at Oxygen *auditorium*, Zambon OpenZone, via Campestre in Bresso (Milano), on April 10th, at 10.30, on a single call.

The undersigned,⁷

DECLARES that he/she has entitlement to the voting rights attached to the shares and executes this proxy in his/her capacity as (check appropriate box)⁸:

_ holder of shares - _ legal representative - _ attorney with power of sub-delegation - _ secured creditor- _ stock borrower - _ beneficial owner - _ legal guardian - _ administrator - _ other (specify)

DATE.....I. D. ⁹ (type) issued by no SIGNATURE

instructions

¹ The original Proxy Form must be sent to the delegate who presents it to the Company at registration or sent directly to the Company:

to Molmed S.p.A. – Legal Affairs & Corporate Governance Office – Via Olgettina, 58, 20132 Milano;

by email to: corporategovernance.molmed@legalmail.it.

Either the original or a copy may be sent to the Company; in the latter case the proxy must personally certify the identity of the shareholder granting the proxy and that the form is a true copy of the original.

² Indicate name/surname or company name of shareholder as stated on the communication issued to the Company by the authorized intermediary.

³ Provide number of share account, in addition to bank and branch code of authorized intermediary (or name of institution) as they appear on the account statement.

⁴ Details of communication sent by authorized intermediary and name of intermediary, if different from institution where share account is held.

⁵ Provide name and surname or company name of delegated and registered office/address of domicile.

⁶ Provide name and surname or company name of the substitute of delegated and registered office/address of domicile.

⁷ Indicate name and surname of holder of voting rights.

⁸ Please indicate the capacity of the signer of the proxy and please attach in case of legal entity the documentation relevant to the powers of signature. In case of legal entity must be indicated the stamp.

⁹ Provide reference details of valid identity document of the proxy signatory.

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INFORMATION ACCORDING TO THE CODE FOR PROTECTION OF THE PERSONAL DATA

MOLMED S.p.A. with head office in via Olgettina 58 Milan (Italy) (the “Data Controller”) hereby gives notice that the personal data which are communicated in this proxy will be used only for the organization of the General Meeting and for any further legal steps which will follow such an event. Without requested data in proxy form delegate can’t participate to shareholders meeting. The personal data will be stored in papery or information systems and used only for the above mentioned purpose and in any case according to the provisions of Italian Legislative Decree 196/2003.