PROXY FORM 1

The undersigned			
Company Name/ Name and Surname			
taxpayer's code	date of birth	place of birth	Province of birth
address/ head office address	District		Province
phone number			e-mail
holder of the voting right on holder of shares legal representative attorney with power of subcontango broker usufruother (specify)		ed creditor manager	
with reference to following sl	nares:		
Data to be filed in at discretic Annual progressive commun	ication nr.		ermediary
Company Name/ Name and Surname			
taxpayer's code	date of birth	place of birth	Province of birth
with the power to be substit	uted by		
Company Name/ Name and Surname			
taxpayer's code	date of birth	place of birth	Province of birth
on single call, Oxygen au	ditorium, Zambon () OpenZone, via Campe	ing called for 12 April 2018 at 15:00 estre, Bresso (Milan), Italy, with the as at the end of shareholder meeting.
place and date			Signature / Stamp ₃

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.

¹ Anyone entitled to participate in the meeting may be represented by written proxy in accordance with the applicable provisions of law. To this end, the specifically authorised form shall be used, which is made available at the Company's website www.molmed.it (section "Investors/Shareholder information/Shareholders Meetings"). The proxy may be notified to the Company either by registered mail at its registered office or by certified e-mail at corporategovernance.molmed@legalmail.it.

² 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.

³ In case of legal entity must be indicated the stamp.