

**Must Be Received
No Later Than
November 28, 2016**

REQUEST FOR EXCLUSION FORM

Please Type or Print in the Boxes Below
Do NOT use Red Ink, Pencil, or Staples

CDE-EX

IMPORTANT: THIS IS NOT A CLAIM FORM. USE THIS FORM ONLY TO REQUEST EXCLUSION FROM (“OPT-OUT” OF) THE CLASS. IF YOU SUBMIT THIS FORM, YOU WILL NOT RECEIVE ANY PAYMENT FROM THE \$8,000,000 SETTLEMENT AMOUNT.

IF YOU WANT TO SUBMIT A CLAIM FOR PAYMENT FROM THE SETTLEMENT AMOUNT, YOU MUST FILL OUT AND SUBMIT THE ENCLOSED “PROOF OF CLAIM AND RELEASE” FORM.

To be valid, your Request for Exclusion form must be received by November 28, 2016, sent to the Claims Administrator at the address below, and contain all of the information requested.

Covisint Securities Litigation
EXCLUSIONS
Claims Administrator
c/o Gilardi & Co. LLC
3301 Kerner Blvd.
San Rafael, CA 94901

I (WE) WISH TO BE EXCLUDED FROM (“OPT-OUT” OF) THE CLASS.

INSTRUCTIONS: If you filled in the circle above, please provide the following information.

Beneficial Owner’s Name (First, Middle, Last)

Grid for Beneficial Owner’s Name

Street Address

Grid for Street Address

City

Grid for City

State

Grid for State

Zip Code

Grid for Zip Code

Area code

Grid for Area code

Telephone number

Grid for Telephone number

A. Purchases of Covisint common stock (September 26, 2013 - October 14, 2014, inclusive):

	Trade Date	Number of Shares Purchased	Total Purchase Price
	M M D D Y Y Y Y		
1.	[] [] / [] [] / [] [] [] []	[] [] [] [] [] [] [] []	\$ [] [] [] [] [] [] [] [] . 00
2.	[] [] / [] [] / [] [] [] []	[] [] [] [] [] [] [] []	\$ [] [] [] [] [] [] [] [] . 00
3.	[] [] / [] [] / [] [] [] []	[] [] [] [] [] [] [] []	\$ [] [] [] [] [] [] [] [] . 00

B. Sales of Covisint common stock (September 26, 2013 - October 14, 2014, inclusive):

	Trade Date	Number of Shares Sold	Total Sales Price
	M M D D Y Y Y Y		
1.	[] [] / [] [] / [] [] [] []	[] [] [] [] [] [] [] []	\$ [] [] [] [] [] [] [] [] . 00
2.	[] [] / [] [] / [] [] [] []	[] [] [] [] [] [] [] []	\$ [] [] [] [] [] [] [] [] . 00
3.	[] [] / [] [] / [] [] [] []	[] [] [] [] [] [] [] []	\$ [] [] [] [] [] [] [] [] . 00

Dated: _____

Sign your name here: _____

