

SYROS PHARMACEUTICALS, INC, et al.

PROOF OF CLAIM

Deadline for Filing: May 31, 2025

Read the instructions before filling out this form. This form is for making a claim for payment from Syros as part of the wind down process. Please be advised that Syros may not have sufficient resources to pay all claims of its creditors in full at this time. We are seeking claims information so we can determine the timing and extent of payments we can make to creditors.

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

Fill in all the information about the claim as of: March 31, 2025

Part 1: Identify the Syros Entity

1. What Syros Entity are you asserting a claim against?	<input type="checkbox"/> Syros Pharmaceuticals, Inc. <input type="checkbox"/> Syros Securities Corporation <input type="checkbox"/> Syros Pharmaceuticals (Ireland) Limited <input type="checkbox"/> Tyme Technologies, Inc. <input type="checkbox"/> Other _____
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Part 2: Identify the Claim

2. Who is the current claimant?	_____ Name of the current claimant (the person or entity to be paid for this claim) Other names of the claimant: _____	
3. Where should notices and payments to the claimant be sent?	Where should notices to the claimant be sent? _____ Name _____ Number Street _____ City State Zip Code Contact Phone: _____ Contact Email: _____	Where should payments to the claimant be sent? (If different) _____ Name _____ Number Street _____ City State Zip Code Contact Phone: _____ Contact Email: _____
4. Have you, or has anyone else, already filed a proof of claim for this claim?	___ No ___ Yes. Who made the earlier filing? _____	

Part 3: Give Information About the Claim as of March 31, 2025

5. Do you have any number you use to identify the Syros Entity?	___ No ___ Yes. Last 4 digits of the Syros Entity's account or any number you use to identify the entity: _____
6. How much is the claim?	\$ _____ <input type="checkbox"/> If you agree with the amount on this form, please check this box. If you disagree with the amount of this form, please input claim amount here: \$ _____

You must return this form to be considered for potential payment of claim.

Does this amount include interest or other charges?

No

Yes. Attach statement itemizing interest, fees, expenses, or other charges

7. What is the basis of this claim?

Examples: Money loaned, goods sold, lease, services performed, or credit card.

Attach redacted copies of any documents supporting the claim

Limit disclosing information that is entitled to privacy, such as medical information or social security number

Part 4: Sign Below

The person completing this proof claim must sign and date it.

Check the appropriate statement:

I am the claimant.

I am the claimant's attorney or authorized agent.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the claimant gave the Syros entity credit for any payments received toward the claim.

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

I declare under penalty of perjury that the foregoing, along with submitted documentation, is true and correct.

Executed on date _____

MM/ DD / YYYY

Signature

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

Name _____
First name Middle Name Last Name

Title _____

Company _____

Address _____
Number Street

City State Zip Code

Contact Phone: _____

Email: _____

Proof of Claim Instructions
Do not file these instructions with your form.

How to fill out this form

- **Fill in all of the information about the claim as of the date the case was filed.**
- **The Proof of Claim must be typed or legibly printed in ink.**
- **You are signing the Proof of Claim under penalty of perjury. Please read the completed Proof of Claim carefully before signing.**
- **Identify the proper Syros Entity.** A separate proof of claim should be completed for each Syros Entity.
- **Attach any supporting documents to this form.** Attach redacted copies of any documents that show that the debt exists, a lien secures the debt, or both. (See the definition of redaction included in these instructions.) **FAILURE TO PROVIDE SUFFICIENT DOCUMENTS OR EVIDENCE SUPPORTING YOUR CLAIM IS GROUND FOR DENYING THE CLAIM.**
- Also attach redacted copies of any documents that show any assignments or transfers of the debt.
- **Do not attach original documents because attachments may be destroyed after scanning.**
- **Leave out or redact confidential information both in the claim and in the attached documents.**
- **A Proof of Claim form and any attached documents must show only the last 4 digits of any social security number, individual's tax identification number, or financial account number, and only the year of any person's date of birth.**

- If you need additional space to fully answer any questions, please do so on separate sheets of paper and attach them to your Proof of Claim. Any such separate sheet of paper should be labeled with the corresponding section of the Proof of Claim for which it provides information.

How to submit this form

- Submit your proof of claim and supporting documentation either
(i) through the electronic claims portal located <https://cases.stretto.com/Syros>
You will need this password to submit claim form electronically.

E-CLAIM PASSWORD _____

If you submit electronically, do not also mail your claim form.

- (ii): Syros Pharmaceutical, Inc. et al., Claims Processing, c/o Stretto, 410 Exchange, Suite 100, Irvine, CA 92602.
- Electronic Mail or Facsimiles of Proofs of Claim and supporting documentation will not be accepted.
- **The deadline for filing claims is May 31, 2025. Tardily filed claims may not be allowed or may be subordinated to timely filed claims.** If your claim is filed by after the proof of claim deadline, you should submit with your claim an explanation why you did not file a Proof of Claim in the time allowed.
- If you have any questions about the Proof of Claim procedure or require confirmation that your claim has been received, you may call Stretto at (714) 582-3904 or (833) 307-3653 and/or email Stretto at syrosinquiries@stretto.com and/or enclose a stamped self-addressed envelope and a copy of the proof of claim.
- **Neither the CRO, nor the Syros's or Stretto's staff or professionals can provide you legal advice with respect to the claim.**