PATENT ASSIGNMENT

Electronic Version v1.1 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT

CONVEYING PARTY DATA

Name	Execution Date
Abran Q. Costales	08/17/2010
Jeff Xianming Jin	08/17/2010
Sabina Pecchi	08/17/2010
Daniel Poon	08/17/2010

RECEIVING PARTY DATA

Name:	Novartis Vaccines and Diagnostics, Inc.
Street Address:	4560 Horton Street
City:	Emeryville
State/Country:	CALIFORNIA
Postal Code:	94608

PROPERTY NUMBERS Total: 1

Property Type	Number
Application Number:	13473230

CORRESPONDENCE DATA

Fax Number: 6178713392

Correspondence will be sent via US Mail when the fax attempt is unsuccessful.

Phone: (510) 923-2707

Email: lisa.nash@novartis.com

Correspondent Name: Novartis Institutes for BioMedical Res Address Line 1: 220 Massachusetts Avenue, 2nd Floor

Address Line 2: NIBR Patents

Address Line 4: Cambridge, MASSACHUSETTS 02139

ATTORNEY DOCKET NUMBER:	PAT053763-US-DIV
NAME OF SUBMITTER:	Lisa Nash
Signature:	/lisa nash/

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Date:	08/29/2013
Total Attachments: 10 source=AssignStepl#page1.tif source=AssignStepl#page2.tif source=AssignStepl#page3.tif source=AssignStepl#page4.tif source=AssignStepl#page5.tif source=AssignStepl#page6.tif source=AssignStepl#page7.tif source=AssignStepl#page8.tif source=AssignStepl#page9.tif source=AssignStepl#page9.tif source=AssignStepl#page9.tif	

ASSIGNMENT

For good and valuable consideration, the receipt and adequacy of which are hereby acknowledged, we

Abran Q. COSTALES	citizen of United States of America	Novartis Vaccines and Diagnostics, Inc. 4560 Horton Street Emeryville, CA 94608-2916 USA
Jeff (Xianming) JiN	Gilizen of United States of America	Novartis Vaccines and Diagnostics, inc. 4560 Horton Street Emeryville, CA 94608-2916 USA
Sabina PECCHI	cilizen of Italy	Novartis Vaccines and Diagnostics, Inc. 4580 Horton Street Emeryville, CA 94608-2916 USA
Daniel POON	citizen of United States of America	Novartis Veccines and Diagnostics, Inc. 4560 Horton Street Emeryville, CA 94608-2916 USA

do hereby sell, assign and transfer to Novartis Vaccines and Diagnostics, Inc., a company organized under the laws of the United States of America, of 4560 Horton Street, Emeryville, CA 94608-2916, USA, (hereinafter referred to as the "ASSIGNEE") and its successors, assigns and legal representatives, all of my right, title and interest for all countries of the world in and to (1) all of my inventions and discoveries described in the patent application(s) titled

COMPOUNDS AND COMPOSITIONS AS PROTEIN KINASE INHIBITORS

and filed in the United Stat	es Patent and Trademark Office	ion a	Company of the second
Number	es Patent and Trademark Office* and/or filed in the RO/ ation Number PCT/	: WH	and accorded Application
in (1), (3) all national stage	ation Number PCT/ s of any international patent app	, (2) the p	atent application(a) identified
application filed in the Unit	ed States Patent and Trademark	A or the broatstoust o	r non-provisional patent
for all patent applications, a	all rights of priority based upon the	a ancada a selecan	on Number <u>61/313,661,</u> (5)
American Convention relati	ing to Inventions, Patents, Desig	ing and industrial st	industrial Property, the Inter-
United States patent applic	ation identified in (4) is a provision applications on and in-	Onal natant annling	is a signatory and, if the
or their designees or in our	names, at their election and in a	iccordance with envi	in the halfes of ASSIGNEE
and regions), (6) all continu	ations and divisions of any Unite	ed States natent ann	lication or interestings
patent application designati	ng the United States identified in	1 (1). Any national et-	tope of any international
application identified in (1) a	and any patent applications with	in the scope of (4) fir	soluting forther
granted on any of said pate	nt applications, (8) all registration	ns and confirmations	of and importation
and importation certificates	and (9) all reissues, renewals ar	d extensions of said	natante registrations
extensions, reexamination of	ertificates and supplementary pr	Otection certificates	the come to be bold and

enjoyed by said ASSIGNEE and their successors, assigns and legal representatives to the full ends of the terms for which said patents, registrations, confirmations, importation certificates, reexamination certificates, supplementary protection certificates, reissues, renewals and extensions may be granted, as fully and entirely as the same would have been held and enjoyed by us if this sale, assignment and transfer had not been made.

"We hereby authorize ASSIGNEE and their representatives to insert in this Assignment the filing date(s) and Application Number(s) of said patent application(s) when notified thereof.

And we hereby covenant and agree that we will, at any time, (i) upon the request, but at the expense, of ASSIGNEE or their successors, assigns or legal representatives execute and deliver all documents that may be necessary or desirable to perfect the title to the foregoing inventions and discoveries, patent applications, patents, registrations, confirmations, importation certificates, reissues, renewals, extensions, reexamination certificates, supplementary protection certificates and applications within the scope of (8) and (9) in ASSIGNEE or their successors, assigns or legal representatives, including the execution and procurement of all further documents evidencing this sale, assignment and transfer as may be necessary or desirable for recording the same in the patent office or other intellectual property office, agency or the like of any country or region, (ii) upon the request, but at the expense, of ASSIGNEE or their successors, assigns or legal representatives execute all additional patent applications within the scope of (3), (4) and (6) and all applications within the scope of (8) or (9) and (iii) make all rightful oaths and declarations and do all lawful acts requisite for procuring the same or for aiding therein, without further compensation, but at the expense of ASSIGNEE or their successors, assigns or legal representatives.

This Assignment is effective as from the earliest priority date as stated above.

Executed this 17 day of August, 2	0/ <i>C</i> 2
Maritha LS	
Abran Q. COSTALES	
ACKNOWLEDGEMENT	
State of Californics	
County of Alexanter (1822)	
On this 17 day of August 2010 p	ersonally appeared before me own and known by me to be the same person described
	acknowledged that (s)he executed the same of his (her)
(Seal)	
Sec Attackment	Notary Public

Executed this 17 day of 08 2010	
Jeff (Xiatiming) JIN	
ACKNOWLEDGEMENT	
State of	
County of) s.s.:	
On this day of 20 personally	appeared before me known by me to be the same person described
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(Seal)	
	Notary Public
a de la companya de l	
Executed this 17th day of Amount 2010	
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ACKNOWLEDGEMENT	
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Executed this / day of // 20/1	
Daniel POON LS.	
ACKNOWLEDGEMENT	
State of)	
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On this day of 20personally appeared to me known and known by	before me me to be the same person described
in and who executed the foregoing Assignment and acknowledged that own free will for the purpose set forth.	
(Seal)	
	Notary Public

ACCEPTANCE OF ASSIGNMENT

With reference to the Assignment to Novartis Vaccines and Diagnostics, Inc. of an invention entitled "COMPOUNDS AND COMPOSITIONS AS PROTEIN KINASE INHIBITORS" signed by Abran Q. COSTALES, Jeff (Xianming) JIN, Sabina PECCHI and Daniel POON; this will certify that Novartis Vaccines and Diagnostics, Inc. accepts such Assignment.

Novartis Vaccines and Diagnostics, Inc.

Ву:	Phopernan	
Name :	Lise Alexander	
Function:	Official Secretary	
Date:	8118112	

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California	
County of <u>Clanzeda</u>	
On Aug 17,2010 before me, personally appeared	Lawarda Williams - Nictory flub 1600 Indiana and Tille of the Officer 1000 Indiana of Costal as Namons of September
Though the information below is not require	who proved to me on the basis of satisfactor evidence to be the person(s) whose name(s) is/an subscribed to the within instrument and acknowledge to me that he/she/they executed the same is his/per/their authorized capacity(ies), and that by his/per/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct. WITNESS my hand and official seal. Signature: Signature: Signature: Signature of this form to another document.
	Number of Pages;
Signer(s) Other Than Named Above: Capacity(ies) Claimed by Signer(s)	
Signer's Name:	Signer's Name:
. Corporate Officer — Title(s):	Corporate Officer — Title(s):
Individual Partner Limited General Attorney in Fact Trustee Guardian or Conservator Other:	. Individual
Signer Is Representing:	Signer is Representing:

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California	
County of <u>Alaymeda</u>	
On <u>Aug 17,3010</u> before me, L	-awarda William S. Notary Rible
personally appeared Voff(X) cur	Here Insert Name and Title of the Officer Name (s) of Signatis!
position of the second of the	Name(s) of Signorie!
	who proved to me on the basis of satisfactor evidence to be the person(s) whose name(s) is/an subscribed to the within instrument and acknowledge to me that he/spe/they executed the same is his/he/their authorized capacity(jes), and that be his/he/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.
	l certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.
	WITNESS my hand and official seal.

Place Notary Seel eastfor Stamp Above	Signature: <u>Lawanda William</u>
Though the information below is not require and could prevent fraudulent re. Description of Attached Document	OPTIONAL and by law, it may prove valuable to persons relying on the document moval and reattachment of this form to another document.
	Number of Pages:
Signer(s) Other Than Named Above: Capacity(les) Claimed by Signer(s)	
Signer's Name:	Signer's Name:
Corporate Officer — Title(s):	Corporate Officer — Title(s):
Individual	Individual
Particle "Heritad " Consent	Attorney in Fact
Partner — Climited General Top of the Attorney in Fact	Comments of the Contract
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Partner — Climited General Attorney in Fact Trustee Guardian or Conservator	Cuardian or Conservator
Partner — Limited General Attorney in Fact Trustee Guardian or Conservator Other:	Trustee Guardian or Conservator Other:
Partner — Limited General Attorney in Fact Trustee Guardian or Conservator Other: Signer Is Representing:	Signer's Name: Corporate Officer — Title(s): Individual Partner — Limited General Attorney in Fact Trustee Guardian or Conservator Other: Signer is Representing: Signer is Representing: Black Attorney in Fact Trustee Guardian or Conservator Other: Signer is Representing:

State of California county of <u>Alameda</u> on aug 17,2010 before me, Lawanda Williams Notary Public. personally appeared who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by bis/her/mgir signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. LAWARDA MILLU I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct. WITNESS my hand and official seal. Piece Notary Boal and/or Stemp Above OPTIONAL Though the information below is not required by law, It may prove valuable to persons relying on the document and could prevent fraudulent removal and realtachment of this form to another document. Description of Attached Document Title or Type of Document: Document Date: Number of Pages: Signer(s) Other Than Named Above: Capacity(les) Claimed by Signer(s) Signer's Name: Signer's Name: Corporate Officer -- Title(s): Corporate Officer -- Title(s): Individual Partner — Limited General Top of swim here Partner — Limited E. General Top of thomb here . Attorney in Fact Attorney in Fact Truslee Trustee Guardian or Conservator Guardian or Conservator Signer Is Representing: Signer is Representing:

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672009 National Riciny Association 9350 On Solo Avo., P.O. Box 2402 «Chalancells CA 91313-2462» https://Antonotividary.org

CALIFORNIA ALL-PURPOSE ACKNOVLEDGMENT

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CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT State of California county of alameda on aug 17, 2010 before me, Lawarda Williams - Notary Rublic personally appeared <u>Daniel Poon</u> who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/he/r/the/r signature(s/) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct. WITNESS my hand and official seal. Place Notary Seri and/or Stamp Above OPTIONAL Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document. **Description of Attached Document** Title or Type of Document: Document Date: _____ Number of Pages; Signer(s) Other Than Named Above: Capacity(les) Claimed by Signer(s) Signer's Name: Signer's Name: Corporate Officer — Title(s): Corporate Officer — Title(s): Individual Individual Partner -- Limited General Partner -- Limited General Top of thumb here Top of thumb bere ... Attorney in Fact Attorney in Fact Trustee Trustee Guardian or Conservator Guardian or Conservator

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Signer is Representing:

Signer is Representing:

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CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT State of California country of Alameda on Aug 18,2010 before me, Lawarda Williams Notary Public. personally appeared who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. LAWANDA WILLIAM I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct. WITNESS my hand and official seal. Piece Notary Seat Above OPTIONAL . Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document. Description of Attached Document Title or Type of Document: Document Date: Number of Pages: Signer(s) Other Than Named Above: Capacity(ies) Claimed by Signer(s) Signer's Name: Signer's Name:___ Individual [] Individual Corporate Officer — Title(s): ☐ Corporate Officer — Title(s): ☐ Partner — ☐ Limited ☐ General ☐ Partner — ☐ Limited ☐ General Attorney in Fact C Attorney in Fact You of thumb here Trustee ☐ Trustee Guardian or Conservator C Guardian or Conservator Signer is Representing: Signer is Representing: ___

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RECORDED: 08/29/2013