

## PATENT ASSIGNMENT COVER SHEET

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EPAS ID: PAT3688951

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT
<b>NATURE OF CONVEYANCE:</b>	ASSIGNMENT
<b>CONVEYING PARTY DATA</b>	
<b>Name</b>	<b>Execution Date</b>
SHUO WEI	10/14/2015
<b>RECEIVING PARTY DATA</b>	
<b>Name:</b>	BETH ISRAEL DEACONESS MEDICAL CENTER, INC.
<b>Street Address:</b>	330 BROOKLINE AVE, BR-2
<b>City:</b>	BOSTON
<b>State/Country:</b>	MASSACHUSETTS
<b>Postal Code:</b>	02215
<b>PROPERTY NUMBERS Total: 1</b>	
<b>Property Type</b>	<b>Number</b>
<b>Application Number:</b>	14334052
<b>CORRESPONDENCE DATA</b>	
<b>Fax Number:</b>	(617)428-7045
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent using a fax number, if provided; if that is unsuccessful, it will be sent via US Mail.</i>	
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<b>Email:</b>	patentadministrator@clarkelbing.com
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<b>Address Line 1:</b>	101 FEDERAL STREET
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<b>Address Line 4:</b>	BOSTON, MASSACHUSETTS 02110
<b>ATTORNEY DOCKET NUMBER:</b>	01948-192003
<b>NAME OF SUBMITTER:</b>	KRISTINA BIEKER-BRADY, PH.D.
<b>SIGNATURE:</b>	/Kristina Bieker-Brady, Ph.D./
<b>DATE SIGNED:</b>	01/11/2016
<b>Total Attachments: 3</b>	
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**ASSIGNMENT**

For valuable consideration, we,

Full Name of Assignor	City	State (and Country if not USA)
Kun Ping Lu	Newton	Massachusetts
Shuo Wei	Chestnut Hill	Massachusetts
Xiao Zhen Zhou	Newton	Massachusetts

hereby assign to

Full Name of Assignee		Business Address
Beth Israel Deaconess Medical Center, Inc.	Massachusetts	330 Brookline Avenue, BR-2 Boston, MA 02215

and to its successors and assigns (collectively hereinafter called "the Assignee"), the entire right, title, and interest throughout the world in the inventions and improvements which are subject of one or more applications for United States Patent signed by us, identified as:

Title of Application	Filing Date	Serial Number
METHODS AND COMPOSITIONS FOR THE TREATMENT OF PROLIFERATIVE DISORDERS	July 17, 2014	14/334,052

and we authorize and request the attorneys appointed in said application to hereafter complete this assignment by inserting above the filing date and serial number of said application when known; this assignment includes said application, any and all United States and foreign patents, utility models, and design registrations granted for any of said inventions or improvements, and the right to claim priority based on the filing date of said application under the International Convention for the Protection of Industrial Property, the Patent Cooperation Treaty, the European Patent Convention, and all other treaties of like purposes; and we authorize the Assignee to apply in all countries in our names or in its own name for patents, utility models, design registrations, and like rights of exclusion, and for inventors' certificates for said inventions and improvements; and we agree for ourselves and our respective heirs, legal representatives and assigns, without further compensation, to perform such lawful acts and to sign such further applications, assignments, Preliminary Statements, and other lawful documents as the Assignee may reasonably request to effectuate fully this assignment. This assignment also includes the right to sue for past acts of infringement, whether based on any patents listed herein, patents issuing from applications listed herein, or provisional rights from any patent applications listed herein.

IN WITNESS WHEREOF, I hereto set my hand and seal at \_\_\_\_\_  
this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Kun Ping Lu L.S.

STATE OF \_\_\_\_\_ :  
COUNTY OF \_\_\_\_\_ :ss.

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned notary public, personally appeared Kun Ping Lu, proved to me through satisfactory evidence of identification, which consisted of \_\_\_\_\_, to be the person whose name is subscribed to the foregoing Assignment, and acknowledged that he/she executed the same as his/her free act and deed for the purposes therein contained.

\_\_\_\_\_  
Notary Public

My Commission Expires:

[Notary's Seal Here]

IN WITNESS WHEREOF, I hereto set my hand and seal at BOSTON, MASSACHUSETTS  
this 14th day of OCTOBER, 2015.  
SL L.S.

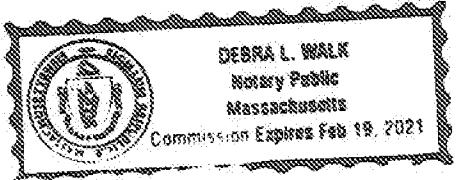
\_\_\_\_\_  
Shuo Wei  
STATE OF Massachusetts  
COUNTY OF Suffolk :ss.

On this 14th day of October, 2015, before me, the undersigned notary public, personally appeared Shuo Wei, proved to me through satisfactory evidence of identification, which consisted of HOSPITAL ID, to be the person whose name is subscribed to the foregoing Assignment, and acknowledged that he/she executed the same as his/her free act and deed for the purposes therein contained.

Debra L. Walk  
Notary Public

My Commission Expires:

[Seal Here]



IN WITNESS WHEREOF, I hereto set my hand and seal at \_\_\_\_\_,  
this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Xiao Zhen Zhou L.S.

STATE OF \_\_\_\_\_:

:ss.

COUNTY OF \_\_\_\_\_:

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_, before me, the undersigned notary public,  
personally appeared Xiao Zhen Zhou, proved to me through satisfactory evidence of identification, which  
consisted of \_\_\_\_\_, to be the person whose name is subscribed to the  
foregoing Assignment, and acknowledged that he/she executed the same as his/her free act and deed for  
the purposes therein contained.

\_\_\_\_\_  
Notary Public

My Commission Expires:

[Notary's Seal Here]