

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

EPAS ID: PAT3713453

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
PARTHA S. CHOWDHURY	09/29/2014
KRISTA KINNEER	10/24/2014
ZHAN XIAO	10/24/2014
MARLON REBELATTO	11/20/2014
PHILIPP STEINER	10/06/2014
DAVID TICE	10/14/2014
RECEIVING PARTY DATA	
Name:	MEDIMMUNE, LLC
Street Address:	ONE MEDIMMUNE WAY
City:	GAITHERSBURG
State/Country:	MARYLAND
Postal Code:	20878
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	14947865
CORRESPONDENCE DATA	
Fax Number:	(212)755-7306
<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>	
Phone:	2123263939
Email:	nkennedy@jonesday.com
Correspondent Name:	JONES DAY
Address Line 1:	222 EAST 41ST STREET
Address Line 4:	NEW YORK, NEW YORK 10017
ATTORNEY DOCKET NUMBER:	12638-132-999
NAME OF SUBMITTER:	NATALIE C KENNEDY
SIGNATURE:	/Natalie C Kennedy/
DATE SIGNED:	01/27/2016
Total Attachments: 24	

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ASSIGNMENT

WHEREAS We, the below named inventors [hereinafter referred to as Assignors], have made an invention entitled:

BINDING MOLECULES SPECIFIC FOR HER3 AND USES THEREOF

for which an application for United States Letters Patent is filed herewith or an application for United States Patent was filed as patent application 14/359,864 on May 21, 2014.

AND WHEREAS, **MEDIMMUNE, LLC**, a limited liability company formed under the laws of Delaware, whose post office address is One MedImmune Way, Gaithersburg, MD 20878, [hereinafter referred to as Assignee], is desirous of securing the entire right, title and interest in and to this invention in all countries throughout the world, and in and to the application for United States Letters Patent on this invention and the Letters Patent to be issued upon this application;

NOW, THEREFORE, be it known that, for good and valuable consideration the receipt of which from assignee, is hereby acknowledged, we, as assignors, have sold, assigned, transferred, and set over, and do hereby sell, assign, transfer, and set over unto the assignee, its lawful successors and assigns, the entire right, title and interest in and to this invention and this application, and all divisions, and continuations thereof, and all Letters Patent of the United States which may be granted thereon, and all reissues thereof, and all rights to claim priority on the basis of such application, and all applications for Letters patent which may hereafter be filed for this invention in any foreign country and all Letters Patent which may be granted on this invention in any foreign country, and all extensions, renewals and reissues thereof; and we hereby authorize and request the Commissioner of Patents and Trademarks of the United States and any official of any foreign country whose duty it is to issue patents on applications as described above, to issue all Letters Patent for this invention to assignee, its successors and assigns, in accordance with the terms of this Assignment;

AND, we HEREBY covenant that we have the full right to convey the interest assigned by this Assignment, and we have not executed and will not execute any agreement in conflict with this Assignment;

AND we HEREBY further covenant and agree that we will, without further consideration, communicate with assignee, its successors and assigns, any facts known to us respecting this invention, and testify in any legal proceeding, sign all lawful papers when called upon to do so, execute and deliver any and all papers that may be necessary or desirable to perfect the title to this invention in said assignee, its successors or assigns, execute all divisional, continuation, and reissue applications, make all rightful oaths and generally do everything possible to aid assignee, its successors and assigns, to obtain and enforce proper patent protection for this invention in the United States and any foreign country, it being understood that any expense incident to the execution of such papers shall be borne by assignees, its successors and assigns.

FULL NAME OF INVENTOR	FIRST NAME Partha	MIDDLE INITIAL S.	LAST NAME Chowdhury	
ADDRESS	Street Address c/o MedImmune One MedImmune Way	City Gaithersburg	State or Country MD	Zip Code 20878
INVENTOR'S SIGNATURE: <u>Partha S. Chowdhury</u> DATE: <u>09-29-14</u>				

FULL NAME OF INVENTOR	FIRST NAME Krista	MIDDLE INITIAL	LAST NAME Kinneer	
ADDRESS	Street Address c/o MedImmune One MedImmune Way	City Gaithersburg	State or Country MD	Zip Code 20878
INVENTOR'S SIGNATURE: _____ DATE: _____				

FULL NAME OF INVENTOR	FIRST NAME Marlon	MIDDLE INITIAL	LAST NAME Rebelatto	
ADDRESS	Street Address c/o MedImmune One MedImmune Way	City Gaithersburg	State or Country MD	Zip Code 20878
INVENTOR'S SIGNATURE: _____ DATE: _____				

STATE OF Maryland)
) SS:
COUNTY OF Anne Arundel)

On September 28 2014 before me, Cathy L. Gibson Notary Public, personally appeared Partha S. Chowdhury, personally known to me on the basis of satisfactory evidence to be the person(s) whose name(s) is 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.

WITNESS my hand and official seal

Signature Cathy L. Gibson (Seal)

STATE OF Maryland)
) SS:
COUNTY OF D)

On _____ before me, _____, Notary Public, personally appeared Krista Kinneer, personally known to me on the basis of satisfactory evidence to be the person(s) whose name(s) is 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.

WITNESS my hand and official seal

Signature _____ (Seal)

STATE OF _____)
) SS:
COUNTY OF _____)

On _____ before me, _____, Notary Public, personally appeared Marlon Rebelatto, personally known to me on the basis of satisfactory evidence to be the person(s) whose name(s) is 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.

WITNESS my hand and official seal

Signature _____ (Seal)

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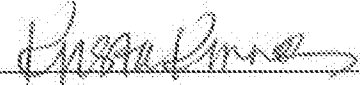
AND WHEREAS, **MEDIMMUNE, LLC**, a limited liability company formed under the laws of Delaware, whose post office address is One MedImmune Way, Gaithersburg, MD 20878, [hereinafter referred to as Assignee], is desirous of securing the entire right, title and interest in and to this invention in all countries throughout the world, and in and to the application for United States Letters Patent on this invention and the Letters Patent to be issued upon this application;

NOW, THEREFORE, be it known that, for good and valuable consideration the receipt of which from assignee, is hereby acknowledged, we, as assignors, have sold, assigned, transferred, and set over, and do hereby sell, assign, transfer, and set over unto the assignee, its lawful successors and assigns, the entire right, title and interest in and to this invention and this application, and all divisions, and continuations thereof, and all Letters Patent of the United States which may be granted thereon, and all reissues thereof, and all rights to claim priority on the basis of such application, and all applications for Letters patent which may hereafter be filed for this invention in any foreign country and all Letters Patent which may be granted on this invention in any foreign country, and all extensions, renewals and reissues thereof; and we hereby authorize and request the Commissioner of Patents and Trademarks of the United States and any official of any foreign country whose duty it is to issue patents on applications as described above, to issue all Letters Patent for this invention to assignee, its successors and assigns, in accordance with the terms of this Assignment;

AND, we HEREBY covenant that we have the full right to convey the interest assigned by this Assignment, and we have not executed and will not execute any agreement in conflict with this Assignment;

AND we HEREBY further covenant and agree that we will, without further consideration, communicate with assignee, its successors and assigns, any facts known to us respecting this invention, and testify in any legal proceeding, sign all lawful papers when called upon to do so, execute and deliver any and all papers that may be necessary or desirable to perfect the title to this invention in said assignee, its successors or assigns, execute all divisional, continuation, and reissue applications, make all rightful oaths and generally do everything possible to aid assignee, its successors and assigns, to obtain and enforce proper patent protection for this invention in the United States and any foreign country, it being understood that any expense incident to the execution of such papers shall be borne by assignees, its successors and assigns.

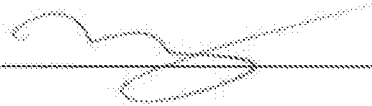
FULL NAME OF INVENTOR	FIRST NAME Partha	MIDDLE INITIAL S.	LAST NAME Chowdhury	
ADDRESS	Street Address c/o MedImmune One MedImmune Way	City Gaithersburg	State or Country MD	Zip Code 20878
INVENTOR'S SIGNATURE: _____ DATE: _____				

FULL NAME OF INVENTOR	FIRST NAME Krista	MIDDLE INITIAL	LAST NAME Kinneer	
ADDRESS	Street Address c/o MedImmune One MedImmune Way	City Gaithersburg	State or Country MD	Zip Code 20878
INVENTOR'S SIGNATURE:  DATE: <u>24 Dec 14</u>				

FULL NAME OF INVENTOR	FIRST NAME Marlon	MIDDLE INITIAL	LAST NAME Rebelatto	
ADDRESS	Street Address c/o MedImmune One MedImmune Way	City Gaithersburg	State or Country MD	Zip Code 20878
INVENTOR'S SIGNATURE: _____ DATE: _____				

FULL NAME OF INVENTOR	FIRST NAME Philipp	MIDDLE INITIAL	LAST NAME Steiner	
ADDRESS	Street Address 1656 32nd St NW	City Washington	State or Country DC	Zip Code 20007
INVENTOR'S SIGNATURE: _____ DATE: _____				

FULL NAME OF INVENTOR	FIRST NAME David	MIDDLE INITIAL	LAST NAME Tice	
ADDRESS	Street Address c/o MedImmune One MedImmune Way	City Gaithersburg	State or Country MD	Zip Code 20878
INVENTOR'S SIGNATURE: _____ DATE: _____				

FULL NAME OF INVENTOR	FIRST NAME Zhan	MIDDLE INITIAL	LAST NAME Xiao	
ADDRESS	Street Address c/o MedImmune One MedImmune Way	City Gaithersburg	State or Country MD	Zip Code 20878
INVENTOR'S SIGNATURE:  _____ DATE: 10/24/14				

STATE OF)
) SS.:
COUNTY OF)

On _____ before me, _____, Notary Public,
personally appeared **Philipp Steiner**, personally known to me on the basis of satisfactory evidence to
be the person(s) whose name(s) is 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.

WITNESS my hand and official seal

Signature _____ (Seal)

STATE OF)
) SS.:
COUNTY OF)

On _____ before me, _____, Notary Public,
personally appeared **David Tice**, personally known to me on the basis of satisfactory evidence to be
the person(s) whose name(s) is 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.

WITNESS my hand and official seal

Signature _____ (Seal)

STATE OF Massachusetts)
) SS.:
COUNTY OF Worcester)

On October 24, 2014 before me, Cathy C. Gibson Notary Public,
personally appeared **Zhan Xiao**, personally known to me on the basis of satisfactory evidence to be
the person(s) whose name(s) is 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.

WITNESS my hand and official seal

Signature Cathy C. Gibson (Seal)
My Commission Expires 3-31-16

ASSIGNMENT

WHEREAS We, the below named inventors [hereinafter referred to as Assignors], have made an invention entitled:

BINDING MOLECULES SPECIFIC FOR HER3 AND USES THEREOF

for which an application for United States Letters Patent is filed herewith or an application for United States Patent was filed as patent application 14/359,864 on May 21, 2014;

AND WHEREAS, MEDIMMUNE, LLC, a limited liability company formed under the laws of Delaware, whose post office address is One MedImmune Way, Gaithersburg, MD 20878, [hereinafter referred to as Assignee], is desirous of securing the entire right, title and interest in and to this invention in all countries throughout the world, and in and to the application for United States Letters Patent on this invention and the Letters Patent to be issued upon this application;

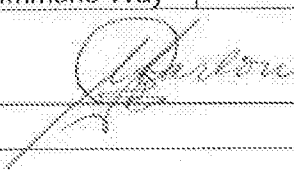
NOW, THEREFORE, be it known that, for good and valuable consideration the receipt of which from assignee, is hereby acknowledged, , as assignors, have sold, assigned, transferred, and set over, and do hereby sell, assign, transfer, and set over unto the assignee, its lawful successors and assigns, the entire right, title and interest in and to this invention and this application, and all divisions, and continuations thereof, and all Letters Patent of the United States which may be granted thereon, and all reissues thereof, and all rights to claim priority on the basis of such application, and all applications for Letters patent which may hereafter be filed for this invention in any foreign country and all Letters Patent which may be granted on this invention in any foreign country, and all extensions, renewals and reissues thereof; and hereby authorize and request the Commissioner of Patents and Trademarks of the United States and any official of any foreign country whose duty it is to issue patents on applications as described above, to issue all Letters Patent for this invention to assignee, its successors and assigns, in accordance with the terms of this Assignment;

AND, HEREBY covenant that have the full right to convey the interest assigned by this Assignment, and have not executed and will not execute any agreement in conflict with this Assignment;

AND HEREBY further covenant and agree that will, without further consideration, communicate with assignee, its successors and assigns, any facts known to respecting this invention, and testify in any legal proceeding, sign all lawful papers when called upon to do so, execute and deliver any and all papers that may be necessary or desirable to perfect the title to this invention in said assignee, its successors or assigns, execute all divisional, continuation, and reissue applications, make all rightful oaths and generally do everything possible to aid assignee, its successors and assigns, to obtain and enforce proper patent protection for this invention in the United States and any foreign country, it being understood that any expense incident to the execution of such papers shall be borne by assignees, its successors and assigns.

FULL NAME OF INVENTOR	FIRST NAME Partha	MIDDLE INITIAL S.	LAST NAME Chowdhury	
ADDRESS	Street Address c/o MedImmune One MedImmune Way	City Gaithersburg	State or Country MD	Zip Code 20878
INVENTOR'S SIGNATURE: _____ DATE: _____				

FULL NAME OF INVENTOR	FIRST NAME Krista	MIDDLE INITIAL	LAST NAME Kinneer	
ADDRESS	Street Address c/o MedImmune One MedImmune Way	City Gaithersburg	State or Country MD	Zip Code 20878
INVENTOR'S SIGNATURE: _____ DATE: _____				

FULL NAME OF INVENTOR	FIRST NAME Marlon	MIDDLE INITIAL C.	LAST NAME Rebelatto	
ADDRESS	Street Address c/o MedImmune One MedImmune Way	City Gaithersburg	State or Country MD	Zip Code 20878
INVENTOR'S SIGNATURE:  _____ DATE: <u>Nov 29, 2019</u>				

FULL NAME OF INVENTOR	FIRST NAME Philipp	MIDDLE INITIAL	LAST NAME Steiner	
ADDRESS	Street Address 1656 32nd St NW	City Washington	State or Country DC	Zip Code 20007
INVENTOR'S SIGNATURE: _____ DATE: _____				

FULL NAME OF INVENTOR	FIRST NAME David	MIDDLE INITIAL	LAST NAME Tice	
ADDRESS	Street Address c/o MedImmune One MedImmune Way	City Gaithersburg	State or Country MD	Zip Code 20878
INVENTOR'S SIGNATURE: _____ DATE: _____				

FULL NAME OF INVENTOR	FIRST NAME Zhan	MIDDLE INITIAL	LAST NAME Xiao	
ADDRESS	Street Address c/o MedImmune One MedImmune Way	City Gaithersburg	State or Country MD	Zip Code 20878
INVENTOR'S SIGNATURE: _____ DATE: _____				

STATE OF)
) SS.:
COUNTY OF)

On _____ before me, _____, Notary Public,
personally appeared **Partha S. Chowdhury**, personally known to me on the basis of satisfactory
evidence to be the person(s) whose name(s) is 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.

WITNESS my hand and official seal

Signature _____ (Seal)

STATE OF)
) SS.:
COUNTY OF)

On _____ before me, _____, Notary Public,
personally appeared **Krista Kinneer**, personally known to me on the basis of satisfactory evidence to
be the person(s) whose name(s) is 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.

WITNESS my hand and official seal

Signature _____ (Seal)

STATE OF MARYLAND)
) SS.:
COUNTY OF PRINCE GEORGES)

On November 2, 2014 before me, Marlon Rebelatto, Notary Public,
personally appeared **Marlon Rebelatto**, personally known to me on the basis of satisfactory evidence
to be the person(s) whose name(s) is 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.

WITNESS my hand and official seal

Signature Elizabeth Wilson _____ (Seal)

my commission expires 3/5/16

STATE OF)
) SS.:
COUNTY OF)

On _____ before me, _____, Notary Public,
personally appeared **Philipp Steiner**, personally known to me on the basis of satisfactory evidence to
be the person(s) whose name(s) is subscribed to the within instrument and acknowledged to me that
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executed the instrument.

WITNESS my hand and official seal

Signature _____(Seal)

STATE OF)
) SS.:
COUNTY OF)

On _____ before me, _____, Notary Public,
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WITNESS my hand and official seal

Signature _____(Seal)

STATE OF)
) SS.:
COUNTY OF)

On _____ before me, _____, Notary Public,
personally appeared **Zhan Xiao**, personally known to me on the basis of satisfactory evidence to be
the person(s) whose name(s) is subscribed to the within instrument and acknowledged to me that
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WITNESS my hand and official seal

Signature _____(Seal)

ASSIGNMENT

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AND WHEREAS, **MEDIMMUNE, LLC**, a limited liability company formed under the laws of Delaware, whose post office address is One Medimmune Way, Gaithersburg, MD 20878, [hereinafter referred to as Assignee], is desirous of securing the entire right, title and interest in and to this invention in all countries throughout the world, and in and to the application for United States Letters Patent on this invention and the Letters Patent to be issued upon this application;

NOW, THEREFORE, be it known that, for good and valuable consideration the receipt of which from assignee, is hereby acknowledged, we, as assignors, have sold, assigned, transferred, and set over, and do hereby sell, assign, transfer, and set over unto the assignee, its lawful successors and assigns, the entire right, title and interest in and to this invention and this application, and all divisions, and continuations thereof, and all Letters Patent of the United States which may be granted thereon, and all reissues thereof, and all rights to claim priority on the basis of such application, and all applications for Letters patent which may hereafter be filed for this invention in any foreign country and all Letters Patent which may be granted on this invention in any foreign country, and all extensions, renewals and reissues thereof; and we hereby authorize and request the Commissioner of Patents and Trademarks of the United States and any official of any foreign country whose duty it is to issue patents on applications as described above, to issue all Letters Patent for this invention to assignee, its successors and assigns, in accordance with the terms of this Assignment;


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INVENTOR'S SIGNATURE: _____ DATE: _____				

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ADDRESS	Street Address 1656 32nd St NW	City Washington	State or Country DC	Zip Code 20007
INVENTOR'S SIGNATURE: <u></u> DATE: <u>OCT. 6, 2014</u>				

FULL NAME OF INVENTOR	FIRST NAME David	MIDDLE INITIAL	LAST NAME Tice	
ADDRESS	Street Address c/o MedImmune One MedImmune Way	City Gaithersburg	State or Country MD	Zip Code 20878
INVENTOR'S SIGNATURE: _____ DATE: _____				

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INVENTOR'S SIGNATURE: _____ DATE: _____				

FULL NAME OF INVENTOR	FIRST NAME Krista	MIDDLE INITIAL	LAST NAME Kinneer	
ADDRESS	Street Address c/o MedImmune One MedImmune Way	City Gaithersburg	State or Country MD	Zip Code 20878
INVENTOR'S SIGNATURE: _____ DATE: _____				

FULL NAME OF INVENTOR	FIRST NAME Marlon	MIDDLE INITIAL	LAST NAME Rebelatto	
ADDRESS	Street Address c/o MedImmune One MedImmune Way	City Gaithersburg	State or Country MD	Zip Code 20878
INVENTOR'S SIGNATURE: _____ DATE: _____				

FULL NAME OF INVENTOR	FIRST NAME Philipp	MIDDLE INITIAL	LAST NAME Steiner	
ADDRESS	Street Address 1656 32nd St NW	City Washington	State or Country DC	Zip Code 20007
INVENTOR'S SIGNATURE: _____ DATE: _____				

FULL NAME OF INVENTOR	FIRST NAME David	MIDDLE INITIAL	LAST NAME Tice	
ADDRESS	Street Address c/o MedImmune One MedImmune Way	City Gaithersburg	State or Country MD	Zip Code 20878
INVENTOR'S SIGNATURE:  _____ DATE: <u>10-14-14</u>				

FULL NAME OF INVENTOR	FIRST NAME Zhan	MIDDLE INITIAL	LAST NAME Xiao	
ADDRESS	Street Address c/o MedImmune One MedImmune Way	City Gaithersburg	State or Country MD	Zip Code 20878
INVENTOR'S SIGNATURE: _____ DATE: _____				

STATE OF)
) SS.:
COUNTY OF)

On _____ before me, _____, Notary Public,
personally appeared **Philipp Steiner**, personally known to me on the basis of satisfactory evidence to
be the person(s) whose name(s) is 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.

WITNESS my hand and official seal

Signature _____ (Seal)

STATE OF Maryland)
) SS.:
COUNTY OF Baltimore)

On October 14 before me, Cathy L Gibson, Notary Public,
personally appeared **David Tice**, personally known to me on the basis of satisfactory evidence to be
the person(s) whose name(s) is 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.

WITNESS my hand and official seal

Signature Cathy L Gibson (Seal)
My Commission Expires 3-5-16

STATE OF)
) SS.:
COUNTY OF)

On _____ before me, _____, Notary Public,
personally appeared **Zhan Xiao**, personally known to me on the basis of satisfactory evidence to be
the person(s) whose name(s) is 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.

WITNESS my hand and official seal

Signature _____ (Seal)