504220592 02/09/2017

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2 EPAS ID: PAT4267269

SUBN	MISSION TYPE:	CORRECTIVE ASSIGNMENT
NATU	JRE OF CONVEYANCE:	Corrective Assignment to correct the RECEIVING PARTY DATA ERROR, LEFT OFF COMMA IN COMPANY NAME previously recorded on Reel 030540 Frame 0267. Assignor(s) hereby confirms the RECEIVING PARTY IS CUREMARK, LLC.

CONVEYING PARTY DATA

Name	Execution Date
JOAN M. FALLON	08/31/2009

RECEIVING PARTY DATA

Name:	CUREMARK, LLC
Street Address:	411 THEODORE FREMD AVE.
Internal Address: SUITE 206 S.	
City:	RYE
State/Country:	NEW YORK
Postal Code:	10580

PROPERTY NUMBERS Total: 1

Property Type	Number
Application Number:	12283090

CORRESPONDENCE DATA

Fax Number: (858)350-2399

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.

8583502300 Phone:

Email: asgarcia@wsgr.com

WILSON SONSINI GOODRICH & ROSATI **Correspondent Name:**

650 PAGE MILL ROAD Address Line 1:

Address Line 4: PALO ALTO, CALIFORNIA 94304

ATTORNEY DOCKET NUMBER:	41012-701.302
NAME OF SUBMITTER:	ASHLEY GARCIA
SIGNATURE:	/Ashley Garcia/
DATE SIGNED:	02/09/2017

Total Attachments: 3

source=Curemark 41012-701.302 Corrective Assignment as filed#page1.tif source=Curemark 41012-701.302 Corrective Assignment as filed#page2.tif source=Curemark 41012-701.302 Corrective Assignment as filed#page3.tif

PATENT REEL: 041670 FRAME: 0350 504220592

PATENT ASSIGNMENT

Electronic Version v1.1 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT

CONVEYING PARTY DATA

Name	Execution Date
Joan M. Fallon	08/31/2009

RECEIVING PARTY DATA

Name: Curemark LLC	
Street Address: 411 Theodore Fremd Avenue, Suite 206 South	
City:	Rye
State/Country:	NEW YORK
Postal Code:	10580

PROPERTY NUMBERS Total: 1

Property Type	Number
Application Number:	12283090

CORRESPONDENCE DATA

Fax Number: 6504936811

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

Phone: 650-493-9300

Email: mjamroz@wsgr.com

Correspondent Name: Megan Jamroz

Address Line 1: 650 Page Mill Road

Address Line 4: Palo Alto, CALIFORNIA 94304-1050

ATTORNEY DOCKET NUMBER:	41012-701.302
NAME OF SUBMITTER:	Linda Anders
Signature:	/Linda Anders/
Date:	06/04/2013

Total Attachments: 2

source=41012-701-302-assignment#page1.tif source=41012-701-302-assignment#page2.tif

PATENT

REEL: 030540 FRAME: 0267 PATENT

REEL: 041670 FRAME: 0351

CH \$40.00 12283

ASSIGNMENT

For valuable consideration, I, Joan M. Fallon, of 1180 Midland Avenue, Bronxville, NY 10708; hereby assign to CUREMARK, LLO psycorporation of Delaware, having a place of business at 411 Theodore Fremd Avenue Suite 206 South, Rye, NY 10580, NY 10580, and 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 an application for United States Patent signed by me, entitled METHOD FOR TREATING PERVASIVE DEVELOPMENT DISORDERS, filed September 8, 2008, and assigned U.S. Serial Number 12/283,090, this assignment including 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 I authorize the Assignee to apply in all countries in my name 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 I agree for me and my 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.

Assignment Page 1 of 2

DATE: 8/31/01	M
DATE.	JOAN M. FALLON
,	/ /
STATE OF The York	,
COUNTY OF Wetchs (L) SS	

On Wyork, there personally appeared JOAN M. FALLON personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this Assignment, who acknowledged having executed the same in her authorized capacity and that by her signature on this Assignment, the person or the entity upon behalf of which she acted, executed this Assignment.

WITNESS my hand and official seal.

Notary Public

EVELYN PANOFF Notary Public, State of New York No. 01PA6045887 Qualified in Westchester County Commission Expires July 31, 2010

60584738.doc

Assignment Page 2 of 2

PATENT REEL: 041670 FRAME: 0353

RECORDED: 02/09/2017