

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

EPAS ID: PAT4951908

SUBMISSION TYPE:	NEW ASSIGNMENT	
NATURE OF CONVEYANCE:	ASSIGNMENT	
CONVEYING PARTY DATA		
	Name	Execution Date
	DAN BAROUCH	01/14/2016
RECEIVING PARTY DATA		
Name:	BETH ISRAEL DEACONESS MEDICAL CENTER, INC.	
Street Address:	330 BROOKLINE AVENUE	
City:	BOSTON	
State/Country:	MASSACHUSETTS	
Postal Code:	02215	
PROPERTY NUMBERS Total: 1		
	Property Type	Number
	Application Number:	15968834
CORRESPONDENCE DATA		
Fax Number:	(215)965-1331	
<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:	(215) 965-1330	
Email:	ahyppolite@panitchlaw.com	
Correspondent Name:	PANITCH SCHWARZE BELISARIO & NADEL LLP	
Address Line 1:	TWO COMMERCE SQUARE	
Address Line 2:	2001 MARKET STREET, SUITE 2800	
Address Line 4:	PHILADELPHIA, PENNSYLVANIA 19103	
ATTORNEY DOCKET NUMBER:	688097-53U2	
NAME OF SUBMITTER:	AMBER HYPOLITE	
SIGNATURE:	/AH/	
DATE SIGNED:	05/08/2018	
	This document serves as an Oath/Declaration (37 CFR 1.63).	
Total Attachments: 3		
source=01200207#page1.tif		
source=01200207#page2.tif		
source=01200207#page3.tif		

Attorney Docket No.: 688097-53U1
(CRU5171USNP/0246 US 00 ORD)

**INVENTOR'S COMBINED
DECLARATION (37 CFR 1.63) AND ASSIGNMENT**
(Utility Patent Application)

As a below-named inventor/assignor of a certain new and useful invention for which I have executed an application for Letters Patent entitled:

**METHODS AND COMPOSITIONS FOR INDUCING PROTECTIVE IMMUNITY AGAINST
HUMAN IMMUNODEFICIENCY VIRUS INFECTION**

DECLARATION

I hereby declare that:

This Declaration is directed to the patent application attached hereto or the United States application number 14/863,808 filed on September 24, 2015.

The above-identified application was made or authorized to be made by me.

I believe that I am the original inventor or an original joint inventor of a claimed invention in the application.

I hereby acknowledge that any willful false statement made in this Declaration is punishable under 18 U.S.C. 1001 by fine or imprisonment of not more than five (5) years, or both.

Note to Inventor: 37 C.F.R. § 1.63(c) states: "A person may not execute an oath or declaration for an application unless that person has reviewed and understands the contents of the application, including the claims, and is aware of the duty to disclose to the Office all information known to the person to be material to patentability as defined in § 1.56."

ASSIGNMENT

WHEREAS, I ("ASSIGNOR") desire/am obligated to assign to the below-named ASSIGNEE the invention identified above;

WHEREAS, ("ASSIGNEE"):

Beth Israel Deaconess Medical Center, Inc.
330 Brookline Avenue
Boston, Massachusetts 02215

is desirous of acquiring the entire right, title and interest in and to the invention throughout the United States and the world, and all right, title and interest in, to and under any and all Letters Patent of the United States and all countries throughout the world;

FOR GOOD and VALUABLE CONSIDERATION, the full receipt and sufficiency of which are hereby acknowledged, ASSIGNOR(S), intending to be legally bound, do hereby:

AUTHORIZE said ASSIGNEE, or its representatives to insert above the filing date and application number of the application when these are known;

SELL, ASSIGN, TRANSFER and CONVEY to ASSIGNEE the whole and entire right, title and interest for the United States and its possessions and territories and all foreign countries in and to the invention which is disclosed in the above-identified patent application, and, in and to any and all patent applications related thereto including, but not limited to, all provisionals, non-provisionals, divisionals, continuations, continuations-in-part, substitutes, reexaminations, reissues and all other applications for patent which have been or shall be filed in the United States and all foreign countries on the invention; all original, reissued and reexamined patents and extensions thereof which have been or shall be issued in the United States and all foreign countries on the invention to the full end of the term or terms for which the patent(s) may be granted, as fully and entirely as the same would have been held by the undersigned ASSIGNOR(S) had this Assignment not been made; and specifically including all rights of priority created by the above patent application under any treaty, convention or law relating thereto;

AUTHORIZE and REQUEST the issuing authority to issue any and all United States and foreign patents granted on the invention to ASSIGNEE;

WARRANT and REPRESENT that no assignment, grant, mortgage, license or other agreement affecting the rights and property herein conveyed has been or will be made to others by ASSIGNOR(S), and that the full right to convey the same as herein expressed is possessed by ASSIGNOR(S);

AGREE and UNDERTAKE, when requested and at the expense of ASSIGNEE, to carry out in good faith the intent and purpose of this Assignment, ASSIGNOR(S) will execute all non-provisionals, divisionals, continuations, continuations-in-part, substitutes, reexaminations, reissues, and all other patent applications on the invention; execute all lawful oaths, declarations, assignments, powers of attorney and other papers; communicate to ASSIGNEE all facts known to ASSIGNOR(S) relating to the invention and the history thereof; and generally do everything possible which ASSIGNEE shall consider desirable for vesting title to the invention in ASSIGNEE, and for securing, maintaining and enforcing proper patent protection for the invention; all without further compensation to ASSIGNOR(S);

TO BE BINDING on the heirs, assigns, representatives and successors of ASSIGNOR(S) and extending to the successors, assigns, and nominees of ASSIGNEE

First/Sole Inventor/Assignor:

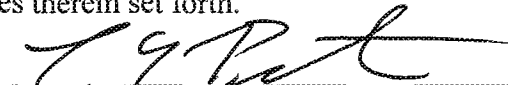
Date: 1/14/16

Signature: 

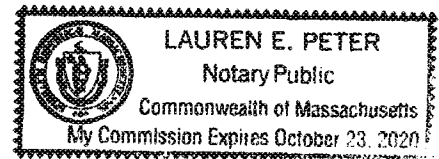
Typed Legal Name: Dan BAROUCH

STATE OF Massachusetts :
: ss.
COUNTY OF Suffolk :

Before me, this 14 day of January 2016, personally appeared Dan Barouch known to be the person who is described in and who executed the above Declaration and Assignment, and he/she acknowledged to me that he/she executed the same of his/her own free will for the purposes therein set forth.


Notary Public

My Commission Expires:



ASSIGNEES hereby acknowledges and accepts this assignment and the full right, title and interest in and to said invention and said Patent Application.

Beth Israel Deaconess Medical Center, Inc. (Assignee)

Date

Signature

Typed or Printed Name

Title