



ADDENDUM TO PROOF OF CLAIM AND RELEASE

ATTACH THIS PAGE TO YOUR PROOF OF CLAIM TO REPORT TRANSACTIONS IN **IMCLONE 5 1/2% CONVERTIBLE NOTES DUE 3/1/2004**
 (CUSIP NUMBER 45245WAD1)

Name(s) of Beneficial Owner(s) (as shown on page 1 of the Proof of Claim form):

 (Type or Print Name(s) of Claimant(s))

YOU MUST COMPLETE AND SIGN THE PROOF OF CLAIM AND MAIL IT, TOGETHER WITH THIS ADDENDUM, BY FIRST CLASS
 MAIL, POSTMARKED NO LATER THAN **AUGUST 29, 2005** TO THE ADDRESS SHOWN ON PAGE 1 OF THE PROOF OF CLAIM.

FOR IMCLONE 5 1/2% CONVERTIBLE NOTES DUE 3/1/2004

1. **BEGINNING HOLDINGS:** Face Amount of ImClone 5 1/2% Convertible Notes due 3/1/04 owned at the close of business on **March 26, 2001**. (If none, write 0), (Must be documented):

2. **PURCHASES:** Purchases of ImClone 5 1/2% Convertible Notes due 3/1/04 on the open market during the period between and including **March 27, 2001** and **January 25, 2002**. (Persons who received ImClone 5 1/2% Convertible Notes due 3/1/04 during the Class Period other than by purchase on the open market are not eligible to submit claims for those transactions.) (Must be documented):

Date(s) of Purchase (List Chronologically) (Month/Day/Year)	Face Value of ImClone 5 1/2% Convertible Notes due 3/1/04 Purchased	Purchase Price Per \$1,000 of Face Value	Aggregate Cost (including commissions, taxes, and fees)
/ /		\$	\$
/ /		\$	\$
/ /		\$	\$

3. **SALES:** Sales of ImClone 5 1/2% Convertible Notes due 3/1/04 during the period between and including **March 27, 2001** and **January 25, 2002**. (Must be documented):

Date(s) of Sale (List Chronologically) (Month/Day/Year)	Face Value of ImClone 5 1/2% Convertible Notes due 3/1/04 Sold	Sale Price Per \$1,000 of Face Value	Amount Received (net of commissions, taxes, and fees)
/ /		\$	\$
/ /		\$	\$
/ /		\$	\$

4. **UNSOLD HOLDINGS:** Number of ImClone 5 1/2% Convertible Notes due 3/1/04 owned at the close of business on **January 25, 2002**. (If none, write 0), (Must be documented):

5. **CERTIFICATION**

UNDER THE PENALTIES OF PERJURY, I (WE) CERTIFY THAT ALL OF THE INFORMATION PROVIDED ON THE ACCOMPANYING PROOF OF CLAIM AND THIS ADDENDUM IS TRUE, CORRECT AND COMPLETE.

Signature of Claimant sign both here and on Page 6 of accompanying Proof of Claim form (If this claim is being made on behalf of Joint Claimants, then each must sign.).

Date: _____ (Signature) _____

Date: _____ (Signature) _____