

In the Matters of Valeant Pharmaceuticals International, Inc. n/k/a Bausch Health Companies Inc., J. Michael Pearson, Howard B. Schiller, and Tanya R. Carro, CPA

SECURITIES AND EXCHANGE COMMISSION
ADMINISTRATIVE PROCEEDING

File Nos. 3-19899, 3-19900, 3-19901, and 3-19902

PROOF OF CLAIM AND CERTIFICATION

Please Type or Print in the Boxes Below, in Black or Blue Ink or your Claim may be Deemed Deficient

Do NOT use Red Ink, Pencil, or Staples

THE FUND ADMINISTRATOR WILL USE THIS INFORMATION FOR ALL COMMUNICATIONS RELEVANT TO THIS CLAIM, INCLUDING THE CHECK, IF ELIGIBLE FOR PAYMENT.

IF THIS INFORMATION CHANGES, YOU MUST NOTIFY THE FUND ADMINISTRATOR IN WRITING AT THE ADDRESS LISTED BELOW ON PAGE 13.

IMPORTANT: THIS INFORMATION MUST MATCH THE SUBSTITUTE FORM W-9 INFORMATION REQUIRED ON PAGE 14 OF THIS FORM.

**Must Be Postmarked
No Later Than
January 16, 2025
11:59 P.M. PST**

VAA

PART I. CLAIMANT IDENTIFICATION

Payee Name (as you would like the name(s) to appear on the check, if eligible for payment):

[Grid for Payee Name]

Payee Name (cont'd)

[Grid for Payee Name (cont'd)]

Payee Name (cont'd)

[Grid for Payee Name (cont'd)]

Social Security Number

[Grid for Social Security Number]

Taxpayer Identification Number

[Grid for Taxpayer Identification Number]

or

Telephone Number (Primary Daytime)

[Grid for Telephone Number (Primary Daytime)]

Telephone Number (Alternate)

[Grid for Telephone Number (Alternate)]

Email Address

[Grid for Email Address]

MAILING INFORMATION

Address

[Grid for Address]

Address

[Grid for Address]

City

[Grid for City]

State

[Grid for State]

ZIP Code

[Grid for ZIP Code]

Foreign Province

[Grid for Foreign Province]

Foreign Postal Code

[Grid for Foreign Postal Code]

Foreign Country Name/Abbreviation

[Grid for Foreign Country Name/Abbreviation]

FOR CLAIMS PROCESSING ONLY

OB

[Grid for OB]

CB

[Grid for CB]

ATP
 KE
 ICI

BE
 DR
 EM

FL
 ME
 ND

OP
 RE
 SH

MM / DD / YYYY

FOR CLAIMS PROCESSING ONLY



PART II. Schedule of Transactions in Eligible Valeant Common Stock and Bonds listed in Table C of the Plan of Allocation.

VALEANT COMMON STOCK

In sections A-E below, please enter complete transactional information for purchases in shares of Valeant Common Stock.

A. Number of shares of Common Stock held as of the open of trading October 20, 2014: [grid] Proof Enclosed? Y N

B. Shares of Common Stock purchased or otherwise acquired between October 20, 2014 and April 28, 2016, inclusive:

PURCHASES Table with columns: Trade Date(s) of Shares (M, M, D, D, Y, Y, Y, Y), Number of Shares Purchased or Acquired, Total Purchase or Acquisition Price (Excluding Commissions, Taxes and Fees), and Proof of Purchase Enclosed? (Y, N). Rows 1-5.

C. Total number of shares of Common Stock purchased or otherwise acquired between April 29, 2016 and July 27, 2016, inclusive: [grid] Proof Enclosed? Y N

D. Shares of Common Stock sold between October 20, 2014 and July 27, 2016, inclusive:

SALES Table with columns: Trade Date(s) of Shares (M, M, D, D, Y, Y, Y, Y), Number of Shares Sold, Total Sales Price (Excluding Commissions, Taxes and Fees), and Proof of Sales Enclosed? (Y, N). Rows 1-5.

E. Number of shares of Common Stock held as of the close of trading July 27, 2016: [grid] Proof Enclosed? Y N

IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS, PLEASE PHOTOCOPY THIS PAGE, WRITE YOUR NAME ON THE COPY, AND FILL IN THIS CIRCLE: [dot]

IF YOU DO NOT FILL IN THIS CIRCLE, THESE ADDITIONAL PAGES MAY NOT BE REVIEWED.

YOU MUST READ AND SIGN THE CERTIFICATION ON PAGE 13. FAILURE TO SIGN THE CERTIFICATION MAY RESULT IN A DELAY IN PROCESSING OR THE REJECTION OF YOUR CLAIM.



F. BOND BEGINNING HOLDINGS

In the space below, please enter the total Face Value of the Eligible Valeant Bonds held at the start of trading on October 20, 2014. If none, write "0" or "Zero". **When completing the below, please use the Bond Codes set forth in the list of Eligible Valeant Bonds on page 12.** Please also be sure to include with your submission acceptable supporting documentation to confirm your transactions as described in the instructions above. (List chronologically)

1.	Bond Code <input type="text"/>	Number of Units (Face Value) Held on October 20, 2014 <input type="text"/>	Proof Enclosed? <input type="radio"/> Yes <input type="radio"/> No
2.	Bond Code <input type="text"/>	Number of Units (Face Value) Held on October 20, 2014 <input type="text"/>	Proof Enclosed? <input type="radio"/> Yes <input type="radio"/> No
3.	Bond Code <input type="text"/>	Number of Units (Face Value) Held on October 20, 2014 <input type="text"/>	Proof Enclosed? <input type="radio"/> Yes <input type="radio"/> No
4.	Bond Code <input type="text"/>	Number of Units (Face Value) Held on October 20, 2014 <input type="text"/>	Proof Enclosed? <input type="radio"/> Yes <input type="radio"/> No
5.	Bond Code <input type="text"/>	Number of Units (Face Value) Held on October 20, 2014 <input type="text"/>	Proof Enclosed? <input type="radio"/> Yes <input type="radio"/> No
6.	Bond Code <input type="text"/>	Number of Units (Face Value) Held on October 20, 2014 <input type="text"/>	Proof Enclosed? <input type="radio"/> Yes <input type="radio"/> No

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G. BOND PURCHASES DURING THE RELEVANT PURCHASE PERIOD

In the chart below, separately list each and every purchase or acquisition of Eligible Valeant Bonds from October 20, 2014 to October 29, 2015, inclusive. **When completing the below, please use the Bond Codes set forth in the list of Eligible Valeant Bonds on page 12.** Please also be sure to include with your submission acceptable supporting documentation to confirm your transactions as described in the instructions above. (List Chronologically)

1.	Bond Code	Date of Purchase	Number of Units (Face Value) Purchased or Acquired
	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
	Total Purchase Price (excluding taxes, commissions, and fees)		Proof of Purchase Enclosed?
	<input type="text"/> .00		<input type="radio"/> Yes <input type="radio"/> No
	Currency		
2.	Bond Code	Date of Purchase	Number of Units (Face Value) Purchased or Acquired
	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
	Total Purchase Price (excluding taxes, commissions, and fees)		Proof of Purchase Enclosed?
	<input type="text"/> .00		<input type="radio"/> Yes <input type="radio"/> No
	Currency		
3.	Bond Code	Date of Purchase	Number of Units (Face Value) Purchased or Acquired
	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
	Total Purchase Price (excluding taxes, commissions, and fees)		Proof of Purchase Enclosed?
	<input type="text"/> .00		<input type="radio"/> Yes <input type="radio"/> No
	Currency		
4.	Bond Code	Date of Purchase	Number of Units (Face Value) Purchased or Acquired
	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
	Total Purchase Price (excluding taxes, commissions, and fees)		Proof of Purchase Enclosed?
	<input type="text"/> .00		<input type="radio"/> Yes <input type="radio"/> No
	Currency		
5.	Bond Code	Date of Purchase	Number of Units (Face Value) Purchased or Acquired
	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
	Total Purchase Price (excluding taxes, commissions, and fees)		Proof of Purchase Enclosed?
	<input type="text"/> .00		<input type="radio"/> Yes <input type="radio"/> No
	Currency		
6.	Bond Code	Date of Purchase	Number of Units (Face Value) Purchased or Acquired
	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
	Total Purchase Price (excluding taxes, commissions, and fees)		Proof of Purchase Enclosed?
	<input type="text"/> .00		<input type="radio"/> Yes <input type="radio"/> No
	Currency		

IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS, PLEASE PHOTOCOPY THIS PAGE,
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H. BOND PURCHASES DURING LOOKBACK

In the space below, please fill in the total Face Value of the separate Eligible Valeant Bonds purchased from October 30, 2015 to January 27, 2016, inclusive.

When completing the below, please use the Bond Codes set forth in the list of eligible Securities on page 12.

1.	Bond Code <input type="text"/>	Number of Units (Face Value) Purchased or Acquired <input type="text"/>
2.	Bond Code <input type="text"/>	Number of Units (Face Value) Purchased or Acquired <input type="text"/>
3.	Bond Code <input type="text"/>	Number of Units (Face Value) Purchased or Acquired <input type="text"/>
4.	Bond Code <input type="text"/>	Number of Units (Face Value) Purchased or Acquired <input type="text"/>
5.	Bond Code <input type="text"/>	Number of Units (Face Value) Purchased or Acquired <input type="text"/>
6.	Bond Code <input type="text"/>	Number of Units (Face Value) Purchased or Acquired <input type="text"/>

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I. BOND SALES

In the chart below, separately list each and every sale or disposition of Eligible Valeant Bonds from October 20, 2014 to January 27, 2016, inclusive. **When completing the below, please use the Bond Codes set forth in the list of Eligible Valeant Bonds on page 12.** Please also be sure to include with your submission acceptable supporting documentation to confirm your transactions as described in the instructions above. (List Chronologically)

1.	Bond Code	Date of Sale	Number of Units (Face Value) Sold or Disposed
	<input type="text"/>	<input type="text"/> MM / <input type="text"/> DD / <input type="text"/> YYYY	<input type="text"/>
	Total Sale Price (excluding taxes, commissions, and fees)		Proof of Sale Enclosed?
	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
	Currency		
2.	Bond Code	Date of Sale	Number of Units (Face Value) Sold or Disposed
	<input type="text"/>	<input type="text"/> MM / <input type="text"/> DD / <input type="text"/> YYYY	<input type="text"/>
	Total Sale Price (excluding taxes, commissions, and fees)		Proof of Sale Enclosed?
	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
	Currency		
3.	Bond Code	Date of Sale	Number of Units (Face Value) Sold or Disposed
	<input type="text"/>	<input type="text"/> MM / <input type="text"/> DD / <input type="text"/> YYYY	<input type="text"/>
	Total Sale Price (excluding taxes, commissions, and fees)		Proof of Sale Enclosed?
	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
	Currency		
4.	Bond Code	Date of Sale	Number of Units (Face Value) Sold or Disposed
	<input type="text"/>	<input type="text"/> MM / <input type="text"/> DD / <input type="text"/> YYYY	<input type="text"/>
	Total Sale Price (excluding taxes, commissions, and fees)		Proof of Sale Enclosed?
	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
	Currency		
5.	Bond Code	Date of Sale	Number of Units (Face Value) Sold or Disposed
	<input type="text"/>	<input type="text"/> MM / <input type="text"/> DD / <input type="text"/> YYYY	<input type="text"/>
	Total Sale Price (excluding taxes, commissions, and fees)		Proof of Sale Enclosed?
	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
	Currency		
6.	Bond Code	Date of Sale	Number of Units (Face Value) Sold or Disposed
	<input type="text"/>	<input type="text"/> MM / <input type="text"/> DD / <input type="text"/> YYYY	<input type="text"/>
	Total Sale Price (excluding taxes, commissions, and fees)		Proof of Sale Enclosed?
	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
	Currency		

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J. BOND ENDING HOLDINGS

In the space below, please enter the total Face Value of the Eligible Valeant Bonds held through the close of trading on January 27, 2016. If none, write "0" or "Zero". **When completing the below, please use the Bond Codes set forth in the list of Eligible Valeant Bonds on page 12.** Please also be sure to include with your submission acceptable supporting documentation to confirm your transactions as described in the instructions above. (List chronologically)

1.	Bond Code [][][][][]	Number of Units (Face Value) Held as of the close of trading on January 27, 2016 [][][][][][][][][][][]	Proof Enclosed? <input type="radio"/> Yes <input type="radio"/> No
2.	Bond Code [][][][][]	Number of Units (Face Value) Held as of the close of trading on January 27, 2016 [][][][][][][][][][][]	Proof Enclosed? <input type="radio"/> Yes <input type="radio"/> No
3.	Bond Code [][][][][]	Number of Units (Face Value) Held as of the close of trading on January 27, 2016 [][][][][][][][][][][]	Proof Enclosed? <input type="radio"/> Yes <input type="radio"/> No
4.	Bond Code [][][][][]	Number of Units (Face Value) Held as of the close of trading on January 27, 2016 [][][][][][][][][][][]	Proof Enclosed? <input type="radio"/> Yes <input type="radio"/> No
5.	Bond Code [][][][][]	Number of Units (Face Value) Held as of the close of trading on January 27, 2016 [][][][][][][][][][][]	Proof Enclosed? <input type="radio"/> Yes <input type="radio"/> No
6.	Bond Code [][][][][]	Number of Units (Face Value) Held as of the close of trading on January 27, 2016 [][][][][][][][][][][]	Proof Enclosed? <input type="radio"/> Yes <input type="radio"/> No

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Eligible Valeant Bonds

Bond Code to use on Claim Form	CUSIP 144A Offering/ Reg S Offering
AAA9	91831AAA9 / EK8064983
AAB7	91831AAB7 / EK8064801
AAC5	91831AAC5 / EK8065162
6186	EK8066186 / EK7990790
EAA1	92912EAA1 / EJ7382413
EAC7	92912EAC7 / EJ7382611
KAA1	91829KAA1 / EJ3752296
KAD4	91911KAD4 / EJ9423611
KAE2	91911KAE2 / EK7043582
XAM6	91911XAM6 / EI4142986
XAQ7	91911XAQ7 / EI5650532
XAS3	91911XAS3 / EI5995440

PART III. SUBMISSION TO JURISDICTION OF THE COMMISSION AND ACKNOWLEDGMENTS

I submit this Proof of Claim Form under the terms of the Plan of Distribution. I also submit to the jurisdiction of the United States Securities and Exchange Commission with respect to my claim as a harmed investor and for purposes of enforcing the certification set forth herein. I further acknowledge that I am bound by and subject to the terms of any judgment that may be entered in the Fair Fund. I agree to furnish additional information to the Fund Administrator to support this claim if requested to do so. I have not submitted any other claim covering the same purchases, acquisitions or sales of the Securities during the Relevant Period and know of no other person having done so on my behalf.



PART IV. CERTIFICATION

1. I (We) understand that terms used herein not otherwise defined shall have the meaning ascribed to them in the Plan.
2. I (We) hereby warrant and represent that I (we) have not assigned or transferred or purported to assign or transfer, voluntarily or involuntarily, any matter related to this Claim Form.
3. I (We) hereby warrant and represent that I (we) have accurately and completely reported on this Claim Form all of my (our) transactions in the Eligible Securities that occurred during the Stock Relevant Period (October 20, 2014 through April 28, 2016, inclusive) and the Bond Relevant Period (October 20, 2014 through October 29, 2015, inclusive) as well as my (our) holdings in the Securities at the close of trading on July 27, 2016 for Valeant Common Stock and January 27, 2016 for Eligible Valeant Bonds.
4. I (We) hereby warrant and represent that I (we) are not an Excluded Party per the definition in the accompanying instructions.
5. I (We) declare under penalty of perjury under the laws of the United States of America that the foregoing information supplied by the undersigned is true and correct.

Executed this _____ day of _____ in _____
(Month/Year) (City/State/Country)

(Sign your name here)

(Sign your name here)

(Type or print your name here)

(Type or print your name here)

(Capacity of person(s) signing, e.g.,
Beneficial Purchaser or Acquirer, Executor or Administrator)

(Capacity of person(s) signing, e.g.,
Beneficial Purchaser or Acquirer, Executor or Administrator)

**ACCURATE CLAIMS PROCESSING TAKES A SIGNIFICANT AMOUNT OF TIME.
THANK YOU FOR YOUR PATIENCE.**

Reminder Checklist:

1. Please completely fill out the form, including the Substitute Form W-9 and the above certification.
2. If this claim is being made on behalf of Joint Potentially Eligible Claimants, then both must sign.
3. Remember to attach copies of supporting documentation.
4. **Do not send** original certificates.
5. Keep a copy of your Proof of Claim Form and all supporting documentation for your records.
6. The Fund Administrator will acknowledge receipt of your Proof of Claim by mail within 60 days. Your claim is not deemed filed until you receive an acknowledgement postcard. If you do not receive an acknowledgement postcard within 60 days, please call the Fund Administrator toll-free at 1-888-890-6712.
7. If you move, please send your new address to the address below or via email to info@ValeantFairFund.com.
8. **Do not use red pen or highlighter** on the Proof of Claim Form or supporting documentation.

**THIS PROOF OF CLAIM FORM MUST BE SUBMITTED TO THE BELOW ADDRESS
POSTMARKED NO LATER THAN JANUARY 16, 2025, 11:59 P.M. PST:**

Valeant Pharmaceuticals Fair Fund
c/o KCC Class Action Services
Fund Administrator
P.O. Box 301133
Los Angeles, CA 90030-1133



**IMPORTANT: THE INFORMATION BELOW MUST MATCH
THE INFORMATION LISTED ON PAGE 5 OF THIS CLAIM FORM**

**PART V. SUBSTITUTE FORM W-9
Taxpayer Identification Number Certification**

Social Security Number: — —

or

Taxpayer Identification Number: —

Your name (as it appears on your federal income tax return):

First and last name for individuals or entity Name for businesses, trusts, etc.

Tax Classification:

Fill appropriate circle for federal tax classification of the claimant below

- Individual C Corporation S Corporation Partnership Trust/Estate Other _____
 Limited Liability Company

Choose tax classification of LLC: C Corporation S Corporation Partnership

Exemptions:

Codes apply only to certain entities, not individuals; see www.irs.gov/pub/irs-pdf/iw9.pdf for additional information.

Exempt Payee Code (if any) Exemption from FATCA reporting code (if any)

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number; **and**
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; **and**
3. I am a U.S. citizen or other U.S. person (including a U.S. resident alien); **and**
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Note: If you have been notified by the IRS that you are subject to backup withholding, you must cross out item 2 above.

Signature of U.S. Person

Dated (mm/dd/yyyy)

