\*\*\*Corrected---Replaces preliminary versions for distributions on January 31, February 29, March 31, April 30, May 31, June 30, July 31, August 31, September 30, October 31, November 30 and December 31,

Form (December 2017) Department of the Treasury

## **Report of Organizational Actions Affecting Basis of Securities**

OMB No. 1545-0123

Internal Revenue Service			► See separate instructions.		
Part Reporting	lssuer				
1 Issuer's name		2 Issuer's employer ident	2 Issuer's employer identification number (EIN)		
CYPRIUM THERAPEUTICS	, INC.	47-1202	840		
3 Name of contact for add	ditional information	5 Email address of contact			
DAVID JIN		DJIN@FORTRESSBIOTECH	I.COM		
6 Number and street (or F	P.O. box if mail is not	7 City, town, or post office, sta	te, and ZIP code of contact		
1111 KANE CONCOURSE,	SUITE 301	BAY HARBOR ISLANDS, FL	. 33154		
8 Date of action		9 Clas	sification and description	<u> </u>	
SEE STATEMENT 1	~	9.375%	SERIES A CUMULATIVE RE	DEEMABLE PERPETUAL PREFER	RED STOCK
10 CUSIP number	11 Serial number(s	s)	12 Ticker symbol	13 Account number(s)	
N/A	N/A		N/A	N/A	
Part II Organization	onal Action Attac	h additiona	I statements if needed. Se	ee back of form for additional qu	estions.
•	· · · · · · · · · · · · · · · · · · ·	• •		te against which shareholders' owne	•
the action ► CYPRIL	JM THERAPEUTICS	, INC. ("CYP	RIUM") PAID CASH DISTRII	BUTIONS TO ITS 9.375% SERIES A	A CUMULATIVE
REDEEMABLE PERPETUA	AL PREFERRED STO	OCK ("SERIE	S A PREFERRED STOCK")	SHAREHOLDERS JANUARY 31, I	EBRUARY 29,
MARCH 31, APRIL 30, MAY	Y 31, JUNE 30, JULY	' 31, AUGUS	T 31, SEPTEMBER 30, OCT	OBER 31, NOVEMBER 30, AND DE	ECEMBER 31, 2024.
5-					
-					
E E					
## * 7*					
<del></del>					
share or as a percenta	age of old basis ► <u>IN</u>	2024, CYPR	RIUM PAID MONTHLY CASH	rity in the hands of a U.S. taxpayer as	
E			RY TO DECEMBER OF 2024		DISTRIBUTIONS
17				AS OF DECEMBER 31, 2024. THE D AX BASIS. TO THE EXTENT THAT I	
No.			REHOLDER WOULD RECO		THE DISTRIBUTIONS
EXCLEDED THE SHAKEIN	OLDER 3 TAX BASI	o, IIIL SIIA	KLIIOLDEK WOOLD KLOO	GNIZE A GAIN.	
THE RETURN OF CAPITAL	TO THE EXTENT O	F THE SHA	REHOLDER'S TAX BASIS IS	S AS FOLLOWS:	
				30, MAY 31, JUNE 30, JULY 31, AL	JGUST 31,
SEPTEMBER 30,	OCTOBER 31, NOVI	EMBER 30, A	AND DECEMBER 31, 2024.		·
			PREFERRED STOCK: \$0.1	953125	
8					
	SHAREHOLDER'S	TAX BASIS	IS REDUCED BY \$0.195312	lation, such as the market values of section, such as the market values of section, such as the such as the section is a section of section and section is a section of section and section is a section of secti	
	JOH THE OWNER				
2					
5					
4:					

Part l	•	<b>Organizational Action</b> (cont	inued)				
<b>17</b> Li	st the	applicable Internal Revenue Code s	section(s) and subsection(s) upon w	hich the tax treatment is based	<b></b>		
INTERN	IAL R	EVENUE CODE IRC SECTIONS 30	01(c), 316(a) AND 1016.				
<b>18</b> C	an any	resulting loss be recognized? ► -	THE DISTRIBUTION ON A PER SH	IARE BASIS REDUCED THE S	HAREHOLDER'S TAX BASIS		
OF EAC	CH SH	ARE HELD ON THE DATE OF DIS	TRIBUTION TO THE EXTENT OF	THE SHAREHOLDER'S TAX B	ASIS. UPON DISPOSITION		
OF ALL	OR A	PORTION OF THE SHARES, THE	SHAREHOLDER SHOULD RECO	OGNIZE GREATER TAX GAIN (	OR LESS TAX LOSS.		
<b>19</b> Pi	rovide	any other information necessary to	implement the adjustment, such as	s the reportable tax year ▶ THF	REPORTABLE TAX YEAR FOR		
		UTION FOR EACH SHAREHOLDE					
THE DI	JIKIL	OTION FOR EACH SHAKEHOLDE	IN 13 THE TAXABLE TEAK THAT	INCCODES DECEMBER 31, 20	24.		
THE INI	EODM	ATION CONTAINED ON THIS FOL	DM DOES NOT CONSTITUTE TAY	ADVICE SHAPEHOLDERS O	F SERIES A PREFERRED STOCK		
		TO CONSULT THEIR OWN TAX A					
DISTRI			MOVISORS WITH RESPECT TO TH	IEIR INDIVIDUAL TAX CONSE	QUENCES OF THE		
וואוכוע	БОПС	JNS.					
	I						
		r penalties of perjury, I declare that I ha , it is true, correct, and complete. Declar			s, and to the best of my knowledge and		
O:	Donoi	, it is true, correct, and complete. Beclar	ation of proparer (ether than emeer) to b	adda dir all lindimation of which prop	aror has any knowledge.		
Sign		iture Davis	li o o	2/9/2	Date ▶ 2/8/2025		
Here	Signa	iture ▶	<i>30</i> 00	Date ►Z/0/Z			
	Print	your name ► DAVID JIN		Title ► CFO	T		
Paid		Print/Type preparer's name	Preparer's signature	Date	Check if PTIN		
		MITCHELL CLARINE	Mithell Clarine	2/3/2025	self-employed P01883317		
		Firm's name ► WILLIAMSMARS	STON LLC		Firm's EIN ► 46-4311251		
		Firm's address ► ONE WASHING	TON STREET 9TH FLOOR, BOST	ON. MA 02108	Phone no. 310-820-1025		

Send Form 8937 (including accompanying statements) to: Department of the Treasury, Internal Revenue Service, Ogden, UT 84201-0054

Cyprium Therapeutics, Inc. FEIN: 47-1202840 Attachment to and Made Part of Form 8937

**PART I: Reporting Issuer** 

Box 9 *Date of action:* 

January 31, February 29, March 31, April 30, May 31, June 30, July 31, August 31, September 30, October 31, November 30 and December 31, 2024.