

Hansa Medical

PROXY FORM

in accordance with Chapter 7 Section 54 (a) of the Swedish Companies Act

I hereby appoint the proxy stated below, or whomever he or she may appoint, to vote on my behalf for all my shares in Hansa Medical AB (publ), Reg. No. 556734-5359, at the Annual General Meeting of Hansa Medical AB (publ) on May 29, 2018.

Proxy

| | |
|----------------------|--|
| Name of the proxy | Personal identity number/Date of birth |
| Address | |
| Postal code and city | Telephone number |

Signature by the shareholder

| | |
|-------------------------|--|
| Name of the shareholder | Personal identity number/Date of birth/Registration number |
| Place and date | Telephone number |
| Signature* | |

*If signing for a company, a clarification of signature shall be included above and an up to date certificate of registration (or the equivalent) shall be enclosed to the completed proxy form.

Please note that a shareholder shall give the company notice of attendance – as set out in the notice convening the meeting – even if the shareholder intends to exercise his or her voting rights through a proxy.

The completed proxy form in original (with any enclosures) should be sent to Hansa Medical AB (publ), P.O. Box 785, SE-220 07 Lund, Sweden, together with the notice of attendance. For the avoidance of doubt, if the shareholder does not intend to exercise his or her voting rights through a proxy, the proxy form does not have to be sent to the company.