

PROXY

Signed shareholder in Oasmia Pharmad	ceutical AB (publ) ("Oasmia"), hereby authorize
Name of Agent	Phone number, day
Postal adress	ZIP code and city
	e number of shares owned by the shareholder at the Oasmia In June 2, 2017 and utilize all therein concerned powers at the
City and date	Shareholder's signature/authorized signatories
Shareholder	Clarification of name
Shareholder's personal number or orga	anization number Phone number, day

Shareholders who wishes to utilized agents for voting at the Meeting must issue a signed proxy as stated above. The proxy must be brought in original to the Meeting or be sent to Oasmia Pharmaceutical AB before the Meeting.