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FORM PTO-1594	U.S. DEPARTMENT OF
COMMERCE (Rev. 07/05) RECORDATION F	ORM COVER SHEET United States Patent and Trademark Office
OMB No. 0651-0027 (exp. 06/30/2008)	
TRADEMARKS ONLY  To the Director of the U.S. Patent and Trademark Office: Please record the attached documents or the new address (es) below.	
1. Name of conveying party(ics):	2. Name and address of receiving party(ies):
SILICON VALLEY BANK	Additional name(s) of conveying parties attached? ☐Yes ☒ No Name: COLLAGENEX PHARMACEUTICALS INC
3003 TASMAN DRIVE SANTA CLARA, CA 95054	Internal Address
☐ Individual(s) ☐ Association	
☐ General Partnership ☐ Limited Partnership	Street Address: 41 UNIVERSITY DRIVE, SUITE 200
☑ Corporation-State	
☐ Other	City: NEWTOWN State: PA
Additional name(s) of conveying parties attached? TYes 🗵 No	
3. Nature of conveyance/ Execution Date(s):	7iր։ 18940
Execution Date(s): May 22, 2008	Association Citizenship General Partnership Citizenship
Assignment Merger	☐ Limited Partnership Cittzenship ☑ Corporation Citizenship
Security Agreement Change of Name	☐ Other Citizenship If assignee is not domiciled in the United States, a domestic representative designation is attached; ☐ Yes ☒ No
⊠ Other : Release	(Designations must be a separate document from assignment)
4. Application number(s) or registration number(s) and iden	itification or description of the Trademark:
A. Trademark Application No.(s) 75075204 75423145	B. Trademark Registration No.(E) 2152690 2155112 2173263 2178979 2159394 2157347 2220711 2090071 2155376 2625597 3427235
Identification or Description of Trademark(s) (and Filing Registration Number is unknown):	Date if Application or Additional sheets attached? Yes Nu
5. Name and address of party to whom	6. Total number of applications and
correspondence concerning document should be mailed:	registrations involved: 13
Name: UCC Direct Services	Landard Primit
	7. Total fee (37 CFR 2.6 (b)(6) & 3.41): \$ 340.00
Internal Address: 14080632	<ul> <li>Authorized to be charged by credit card</li> <li>Authorized to be charged to deposit account</li> </ul>
Street Address: 187 Wolf Road, Suite 101	Enclosed
City: Albany State: NY ZIP: 12205	8. Payment Information:
Phone Number: 1-800-342-3676	a. Credit Card Last 4 Numbers Expiration Date
Fax Number:	b, Deposit-Account Number
Email Address: susan.obrien@wolterskluwer.com	Authorized User Name
9. Signature. Susar Offin	May 22, 2008
Signature	Date
Şuan O'Brien	Total number of pages including cover
Name of Person Signing	sheet, attachments, and document:
1	

Documents to be recorded (including cover sheet) should be faxed to (571) 273-0140, or mailed to:Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1450, Alexandria, VA 22313-1450

TRADEMARK REEL: 003800 FRAME: 0357

## RELEASE OF SECURITY AGREEMENT COVERING INTERESTS IN TRADEMARKS

Silicon Valley Bank ("Secured Party"), hereby releases its security interest in the interests of COLLAGENEX PHARMACEUTICALS INC ("Assignor") in the trademarked works set forth in that certain Intellectual Property And Security Agreement dated 03/19/2001, executed by Assignor in favor of Secured Party recorded with the United States Department of Commerce, Patent and Trademark Office on 03/29/2001 Reel 2275, Frame 0263.

Dated: May 22, 2008

SILICON VALLEY BANK

Name: Romil Randhawa

Title: Operations Department Manager

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**RECORDED: 06/20/2008** 

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REEL: 003800 FRAME: 0358