

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM543413

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT		
<b>NATURE OF CONVEYANCE:</b>	CHANGE OF NAME		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
HEMISPHERX BIOPHARMA, INC.		09/03/2019	Corporation: DELAWARE
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	AIM ImmunoTech Inc.		
<b>Street Address:</b>	2117 SW Highway 484		
<b>City:</b>	Ocala		
<b>State/Country:</b>	FLORIDA		
<b>Postal Code:</b>	34473		
<b>Entity Type:</b>	Corporation: DELAWARE		
<b>PROPERTY NUMBERS Total: 9</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Serial Number:</b>	88588339	AIM BIOTECH	
<b>Serial Number:</b>	88588324	AIM IMMUNOTECH	
<b>Serial Number:</b>	88588310	AMPLIFIED IMMUNO MODULATION INC.	
<b>Serial Number:</b>	88464386	HB	
<b>Serial Number:</b>	88464320	HEMISPHERX	
<b>Serial Number:</b>	87399348	ALFERON N INJECTION	
<b>Serial Number:</b>	87916254	A.I.M.S.BIOTEK	
<b>Serial Number:</b>	73617687	AMPLIGEN	
<b>Serial Number:</b>	73608837	ALFERON	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	7038164100		
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent using a fax number, if provided; if that is unsuccessful, it will be sent via US Mail.</i>			
<b>Phone:</b>	7038164003		
<b>Email:</b>	nixonptomail@nixonvan.com, djb@nixonvan.com		
<b>Correspondent Name:</b>	Donna J. Bunton		
<b>Address Line 1:</b>	901 North Glebe Road, 11th Floor		
<b>Address Line 4:</b>	Arlington, VIRGINIA 22203		
<b>NAME OF SUBMITTER:</b>	Donna J. Bunton		

OP \$240.00 88588339

<b>SIGNATURE:</b>	/Donna J. Bunton/
<b>DATE SIGNED:</b>	10/01/2019
<b>Total Attachments: 0</b>	

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