Form **8937**(December 2017)

(December 2017)
Department of the Treasury
Internal Revenue Service

Report of Organizational Actions Affecting Basis of Securities

► See separate instructions.

OMB No. 1545-0123

Part I Reporting	Issuer			
1 Issuer's name		2 Issuer's employer identification number (EIN)		
Neggon Corporation				38-2367843
Neogen Corporation 3 Name of contact for ad	ditional information	4 Telephon	e No. of contact	5 Email address of contact
5 Name of contact for ac	and management			
Neogen Investor Relations	s Department		517-372-9200	ir@Neogen.com
6 Number and street (or I	O.O. box if mail is not	7 City, town, or post office, state, and ZIP code of contact		
I a a a substitute of the street of the stre				Lansing, MI 48912
8 Date of action		Lansing, Wil 40312		
o bate of detion			sification and description	
September 1, 2022		Commor	Stock	
10 CUSIP number	11 Serial number	(s)	12 Ticker symbol	13 Account number(s)
640491106	enal Action Atta	oh additiona	NEOG	ee back of form for additional questions.
Part II Organizati 14 Describe the organizati	etional action and if:	applicable the	date of the action or the da	ate against which shareholders' ownership is measured for
the action ► Please		арриосью, чт	, date of the delien of the	
Ticuse	Jee dadoriment			
				with the bands of a LLC terrover on an adjustment por
				rity in the hands of a U.S. taxpayer as an adjustment per
share or as a percent	age of old basis	lease see att	acnment.	
16 Describe the calculat	ion of the change in	basis and the	data that supports the calcu	ulation, such as the market values of securities and the
valuation dates ► Ple	ase see attachmen	t.		
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Part	Ш	Organizational Action (con	tinued)		
17 L	ist the	applicable Internal Revenue Code	section(s) and subsection(s) upon	which the tax treatment is bas	sed ▶ Please see attachment.
8 C	an any	y resulting loss be recognized? ▶	Please see attachment.		
9 P	rovide	any other information necessary t	o implement the adjustment, such	as the reportable tax year ▶ F	Please see attachment.
	Unde	er penalties of perjury, I declare that I h f, it is true, correct, and complete. Decla	ave examined this return, including ac	companying schedules and stater	ments, and to the best of my knowledge ar
2ian	belief	r, it is true, correct, and complete. Deci	aration of preparer (other than officer) is	based on all information of which	preparer has any knowledge.
Sign Here	0:	Sturm	062.3	Date ►	10.6.2022
	Signa	ature > S (W)	y	Date P	y wayaa
	Print	your name ► Steven J. Quinlan			f Financial Officer
Paid		Print/Type preparer's name	Preparer's signature	Date	Check if PTIN
Prepa					self-employed
Jse (Only	Firm's name			Firm's EIN ▶ Phone no.
Cond E	orm 90	Firm's address 337 (including accompanying state	montol to: Department of the Trea	surv. Internal Revenue Service	