

## TRANSACTION NOTIFICATION FORM (LAW 3556/2007 & Article 19, Regulation (EU) 596/2014)

FOR ATTENTION OF Mrs E.MALEROU, email: malerou@attica-group.com, tel.: 210 8919180 (ext. 1252)

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COMPANY NAME : ATTICA HOLDINGS S.A.						
DETAILS OF LIABLE PER	RSON (person holding	managerial dutie	s or person having close r	elationship	with them)	
A.FOR NATURAL PERSO	NS					
SURNAME : NAME :						
B.FOR LEGAL ENTITIES						
FULL NAME: LEGAL FORM:						
REASONS FOR THE NOT	IFICATION OBLIGA	TION				
A. PERSON WHO EXERCISES MANAGERIAL DUTIES						
POSITION OCCUPIED BY THE PERSON:						
B. PERSON WHO HAS A CLOSE RELATIONSHIP WITH A PERSON WHO EXERCISES MANAGERIAL DUTIES (1)						
FULL NAME OF PERSON WHO EXERCISES MANAGERIAL DUTIES:						
POSITION OF PERSON WHO EXERCISES MANAGERIAL DUTIES:						
TRANSACTIONS OF LIA	BLE PERSON					
A. TRANSACTIONS IN <u>SHARES</u> OF ATTICA GROUP (ISIN code: GRS144003001)						
TRANSACTION DATE	NUMBER OF	SHARES	TOTAL TRANSACTI VALUE (in €)	ON N	IATURE OF THE TRANSACTION (Purchase or Sale)	
B. TRANSACTIONS IN <u>COMMON BONDS</u> OF ATTICA GROUP (ISIN code: GRC1441197B3)						
TRANSACTION DATE	NUMBER OF COM	MON BONDS	TOTAL TRANSACTI VALUE (in €)	ON N	NATURE OF THE TRANSACTION (Purchase or Sale)	
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OBSERVATIONS						
(1) "A person having a close relationship with a person holding managerial duties" means one of the following:						
a. the spouse or partner who, in accordance with national law, is treated as a spouse;						
<ul><li>b. dependent children, in accordance with national law;</li><li>c. a relative who, at the date of the transaction, lived in the same house for at least one year;</li></ul>						
d. a legal entity, trust or personal company, the managerial duties of whom are exercised by a person acting as a manager or by a person referre to in point (a), (b) or (c), or who is directly or indirectly controlled by such a person, set up for the benefit of such a person or whose financial						
interests are substantially identical with the financial interests of such a person						
NOTIFICATION DATE:						
SIGNATURE OF LIABLE	PERSON:					