Form **8937** (December 2011)

(December 2011)
Department of the Treasury
Internal Revenue Service

Report of Organizational Actions Affecting Basis of Securities

► See separate instructions.

OMB No. 1545-2224

Part I Reporting I	ssuer			
1 Issuer's name				2 Issuer's employer identification number (EIN)
ar a regr				N/A Santa
Akastor ASA Name of contact for additional Information 4 Telephone No. of contact				N/A See19 5 Email address of contact
3 Name of Contact for acc	intorial information	4 Telephon	e No. or correct	5 Email address of contact
Brittany Lopez			713-270-2358	brittany.lopez@akersolutions.com
6 Number and street (or P.O. box if mail is not delivered to street address) of contact			7 City, town, or post office, state, and Zip code of contact	
				·
3010 Briarpark Drive Ste 500 8 Date of action 9 Classification and description			Houston, TX 77042-3755	
8 Date of action		9 Class	incation and description	
9/26/2014		Stock - C	Slo Stock Exchange	
10 CUSIP number	11 Serial number(12 Ticker symbol	13 Account number(s)
N/A See19	N/A See		N/A See19	N/A See19
				see back of form for additional questions.
_				ate against which shareholders' ownership is measured for
				r ASA) underwent a demerger under Norwegian law.
				a newly formed corporation, Aker Solutions
				re distributed to the shareholders of Aker Solutions ASA
				s renamed as Akastor ASA, and Aker Solutions Holding
				or ASA) is a Norwegian corporation and is hereafter
			ns Holding ASA (renamed	as Aker Solutions ASA) is a Norwegian corporation and
is hereafter referred to as t	ne "Controlled Cor	poration".		
				1-1-100

15 Describe the quantitat	ive effect of the oras	anizational act	ion on the basis of the secu	urity in the hands of a U.S. taxpayer as an adjustment per
	•			istributing Corporation should allocate 28.19 percent of its
				the shares of the Distributing Corporation and should
				the date of the demerger to the shares of the Controlled
Corporation received purs	72			
				ulation, such as the market values of securities and the
				ne Distributing Corporation and the Controlled
				of the shares of the Distributing Corporation and the
7				verage in the case of the Distributing Corporation was
NOK 25.4452 and in the ca	se of the Controlle	d Corporation	1 was NOK 64.8304.	44.004.1
2				- 12
				7/10/2009
				

Part II	Organizational Action (continued)	
474 111		
	the applicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment is based	
	cognition of gain or loss to shareholders in the case of a spin-off. Basis in the stock of the Distributi	
	he stock of the Distributing Corporation and the Controlled Corporation in accordance with Section	358 and Treasury Regulation
Section 1	358-2(a)(2)(iv).	
-		
-		
0.000		
		79-51
-		
18 Can	any resulting loss be recognized? ► No loss is recognized by the shareholders in the demerger.	1118-0
		10-2-11-
		-02-0
	300 300 300 300 300	**
19 Prov	ide any other information necessary to implement the adjustment, such as the reportable tax year ▶ The re	elevant tax year is 2014. Only a
	ority of the shareholders affected by the demerger are U.S. persons. The Distributing Corproration b	
a spin-off	qualifying under section 355 and is in the process of completing its analysis of this qualification. Th	e Distributing Corporation will
file a corre	ected Form 8937 to the extent required as a result of the completion of such analysis.	
The Distri	outing Corporation is traded on the Oslo Stock Exchange under the ticker symbol AKA. The Distribu	ting Corporation has no U.S.
employer	identification number as it is a Norwegian corporation which is not a controlled foreign corporation	and which is not a U.S.
taxpayer a	s it is not engaged in any U.S. trade or business.	
ř.		
	- 100 March 100	
	nder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements,	and to the hest of my knowledge, and
	elief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer.	
Sign	0 -	
Hora	gnature Date VI/In	114
0.	James 11 18	
Pr	int your name Title	
Paid	Print/Type preparer's name Preparer's signature Date	Check ☐ if PTIN
Prepare	r () 1	self-employed
Use On		Firm's EIN ▶
	Firm's address ▶	Phone no.
Cond Com	9927 (including accompanying statements) to: Department of the Trengue, Internal Payonus Sanice Ogn	lon LIT 94201 0054