

SUMMARY ANNUAL REPORT FOR ADOBE SYSTEMS INCORPORATED GROUP WELFARE PLAN

This is a summary of the annual report of the Adobe Systems Incorporated Group Welfare Plan (Employer Identification Number 77-0019522, Plan Number 501) for the plan year 01/01/2017 through 12/31/2017. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Adobe Systems Incorporated has committed itself to pay certain health, dental, vision, temporary disability and flexible spending account claims incurred under the terms of the plan.

Insurance Information

The plan has insurance contracts with Aetna International, Federal Insurance Company, Health and Human Resource Cent, Hawaii Medical Service Association, Hyatt Legal Plans, Kaiser Foundation Health Plan Inc, Liberty Life Assurance Company of Boston, Transamerica Life Insurance Company, Transamerica Financial Life Insurance Company and Aetna Life Insurance Company to pay certain health, prescription drug, business travel accident, employee assistance program, dental, vision, legal, life insurance, accidental death and dismemberment and long-term disability claims incurred under the terms of the plan. The total premiums paid for the plan year ending 12/31/2017 were \$20,527,627.

Your Rights to Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

1. Insurance information, including sales commissions paid by insurance carriers.

To obtain a copy of the full annual report, or any part thereof, write or call Adobe Systems Incorporated, the plan administrator, at 345 Park Ave, San Jose, CA 95110 and phone number, 408-536-6000.

You also have the legally protected right to examine the annual report at the main office of the plan: 345 Park Ave, San Jose, CA 95110, and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.