Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

Washington,	D.C.	20549	
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL						
OMB Number: 3235-0287						
Estimated average burden						
hours per response:	0.5					

									' '						
1. Name and Address of Reporting Person*			2. Issuer Name and Ticker or Trading Symbol Predictive Oncology Inc. [POAI]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
CHUNG-WELCH NANCY				redictive oncorogy mer					X Direc	tor	10% (Owner			
(Last)	`	irst) (I	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 10/01/2021					Office belov	er (give title v)	Other below	(specify)		
	13/2			4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)					6. Ir	dividual or Joint/Group Filing (Check Applicable				
(Street)									- 1	,					
PEPPER	ELL M	A 0	1463								Form	Form filed by More than One Reporting Person			
(City)	(S	tate) (2	Zip)									. 0.00			
		Table	I - Non-De	rivative	Secui	rities Acqı	uired,	Disp	osed of,	or Ben	eficia	lly Own	ed		
Date		ransaction e nth/Day/Yea	Execution Date,		Code (Instr. 5)			8, 4 and Securities Beneficially Owned Follow		6. Ownership Form: Direct (D) or Indirect g (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership				
							Code	v	Amount	(A) or (D)	Price	Price Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)
Common	Common Stock 10/01/		0/01/2021	1		A		4,512	A	\$0	24	4,093	D		
		Ta				ies Acqui varrants, o						y Owne	d		

Explanation of Responses:

/s/ Nancy Chung-Welch

Title

Expiration

Date

Security (Instr. 3 and 4)

Amount Number

Shares

10/05/2021

Following Reported

Transaction(s) (Instr. 4)

** Signature of Reporting Person

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Code

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.

(A) or Disposed

of (D) (Instr. 3, 4 and 5)

(A) (D) Date

Exercisable