FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 | |
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| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIE |
|-----------|------------|---------------|-------------|
| SIAIEMENI | OF CHANGES | IN BENEFICIAL | CAMINEKSHIP |

| OMB APPROVAL | | | | | | | | | | |
|--------------------------|--|--|--|--|--|--|--|--|--|--|
| OMB Number: 3235-028 | | | | | | | | | | |
| Estimated average burden | | | | | | | | | | |
| hours per response: | | | | | | | | | | |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person* CHUNG-WELCH NANCY | | | | | 2. Issuer Name and Ticker or Trading Symbol Predictive Oncology Inc. [POAI] | | | | | | (Ch | eck all app | nship of Reporting I applicable) Director | | son(s) to Is 10% Ov | | | | |
|---|--|----------|---------|--|---|--|--------|---------------------------------------|---|---|--------------------------------|---|---|--|--|--|---|-----------------|---------|
| (Last) | (F | irst) (I | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/03/2023 | | | | | | | Office below | er (give title | | Other (s below) | pecify | | |
| P.O. BOX 1572 | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | |
| (Street) | | | | | | | | | | | | | | | X Form | filed by On | e Repo | orting Perso | on |
| PEPPER | ELL M | (A 0 | 1463 | | | | | | | | | | | | Form Perso | filed by Mo on | re thar | n One Repo | orting |
| (City) | (S | tate) (2 | Zip) | | Rul | le 10 |)b5- | 1(c) | Tran | sact | tion Indi | icatio | on | | | | | | |
| | | | | | | | | | | | action was m ons of Rule 10 | | | | | uction or writt | ten plar | n that is inter | ided to |
| | | Table | I - No | n-Deriva | ative S | Secu | rities | Acq | uired, | Dis | posed of | , or E | 3ene | eficia | Ily Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | Execution Date | | Date, | Transaction Disposed (Code (Instr. 5) | | es Acquired (A) or Of (D) (Instr. 3, 4 a | | (A) or 3, 4 an | Benefic Owned | ties Fo cially (D) d Following (I) | | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | Code | v | Amount | (A) (D) | or | Price | Transa | Reported Transaction(s) (Instr. 3 and 4) | | | msu. 4) | |
| Common | Stock | | | 04/03/ | 2023 | | | | A | | 18,360 | A | A | \$ <mark>0</mark> | 0 248,199 | | | D | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any | | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | nstr. | 8. Price of Derivative Security (Instr. 5) | | Ownersh Form: Direct (D or Indirec (I) (Instr. | Ownership | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | Amo or Nun of Sha | . | | | | | |

Explanation of Responses:

Remarks:

Exhibit 24.1 Power of Attorney filed with Form 4 on October 5, 2022 and incorporated herein by reference.

/s/ Bob Myers, Attorney-in-

Fact

** Signature of Reporting Person

04/05/2023

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

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.

^{*} 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).