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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

									<u> </u>							
Name and Address of Reporting Person* ST. CLAIR GREGORY SR				2. Issuer Name and Ticker or Trading Symbol Predictive Oncology Inc. [POAI]							onship of Reporting Person(s) to Issuer all applicable)					
51. CL	AIR GRI	EGURY SK		12700		ve Gireore	28)				7	Direc	tor		10% O	wner
(Last) 1645 WI	(Fii	,	/liddle)		te of E 1/202	arliest Transa 1	action (M	onth/l	Day/Year)			Office below	er (give title v)		Other (below)	specify
				4. If A	mendi	ment, Date of	Origina	Filed	(Month/Day	Year)	6. In Line		r Joint/Grou	p Filing (0	Check A	pplicable
(Street)) Line,		filed by On	e Reporti	ng Pers	on
HARRIS	BURG PA	. 1	7111 	_									filed by Mo		•	
(City)	(St	ate) (ž	Zip)									F 613	JII			
		Table	I - Non-Der	vative S	ecur	rities Acqu	uired,	Disp	osed of,	or Ben	eficial	ly Own	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da			saction		A. Deemed Execution Date, f any Month/Day/Year)	Transaction Disposed Code (Instr. 5)			ities Acquired (A d Of (D) (Instr. 3,		, 4 and Securities Beneficially Owned Follo		6. Owne	m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership	
				n/Day/Year)	if an	y	Code (f (D) (Insti	r. 3, 4 and	Benefi Owned	cially I Following		direct 4)	Beneficial Ownership
				n/Day/Year)	if an	y	Code ((A) or	r. 3, 4 and	Benefi Owned Report Transa	cially I Following	(D) or In	direct 4)	Beneficial
Common	Stock		(Mont	01/2021	if an	y	Code (8)	nstr.	5)	(A) or		Benefi Owned Report Transa (Instr.	cially I Following ed action(s)	(D) or In	direct 4)	Beneficial Ownership
Common	Stock	Tal	10/e	01/2021 ative Se	if an (Mor	y nth/Day/Year)	Code (8) Code A red, D	v ispo	Amount 6,265 esed of, o	(A) or (D) A r Bene	Price \$0	Benefic Owned Report Transa (Instr. :	cially I Following led iction(s) 3 and 4)	(D) or In (I) (Instr.	direct 4)	Beneficial Ownership

Explanation of Responses:

/s/ Gregory St. Clair Sr.

Title

Expiration

Date

Security (Instr. 3 and 4)

Amount Number

Shares

10/05/2021

** Signature of Reporting Person

Following Reported

Transaction(s) (Instr. 4)

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