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

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

OMB APPROVAL									
OMB Number: 3235-02									
Estimated average burden									
hours per response	: 0.5								

	ction 1(b).	nuc. Sec		Filed			ection 16(a) 30(h) of the Ir						34		nours	s per re	esponse:	0.5
1. Name and Address of Reporting Person*  Hawryluk Matthew				2. Issuer Name and Ticker or Trading Symbol Predictive Oncology Inc. [ POAI ]							(Ch	5. Relationship of Report (Check all applicable)  X Director			rson(s) to I			
(Last) (First) (Middle) 2915 COMMERS DRIVE, SUITE 900						3. Date of Earliest Transaction (Month/Day/Year) 12/01/2022								Offic belov	er (give title w)		Other below)	specify
(Street) EAGAN (City)			5121 Zip)		4. If A	mendi	ment, Date o	f Origina	I Filed	d (Month/Da	ay/Year	r)	Line	e) <mark>X</mark> Form	r Joint/Grou n filed by On n filed by Mo on	ie Rep	orting Pers	son
		Table	I - Nor	n-Deriva	tive S	ecui	rities Acq	uired,	Dis	posed of	f, or I	Ben	eficia	lly Own	ed			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)			Execution Date,		3. Transaction Code (Instr. 8)  4. Securities Acquire Disposed Of (D) (Instr. 5)					d Securi Benefi Owned	5. Amount of Securities Beneficially Owned Following		wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership				
					Code	v	Amount	(A)	) or )	Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)			
Common Stock 12/			12/01/	/2022		A		13,762		A	\$ <mark>0</mark>	1	3,762		D			
		Tal					ies Acqu varrants,							y Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Dee Execution if any (Month/		4. Transac Code (li 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4	6. Date Expirati (Month/	on Da		Amo Secu Unde Deriv	le and unt of crities erlying rative crity (I	f g	3. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficia Ownershi (Instr. 4)

Date

Exercisable

(A) (D)

**Explanation of Responses:** 

## Remarks:

Exhibit 24.1 Power of Attorney filed with Form 3 and incorporated herein by reference.

/s/ Bob Myers, Attorney-in-

\*\* Signature of Reporting Person

Amount Number

Shares

**Fact** 

Title

Expiration

Date

12/05/2022

Date

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.