The Securities and Exchange Commission has not necessarily reviewed the information in this filing and has not determined if it is accurate and complete.

The reader should not assume that the information is accurate and complete.

#### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 FORM D

### Notice of Exempt Offering of Securities

# OMB APPROVAL OMB 3235-Number: 0076 Estimated average burden hours per response: 4.00

1. Issuer's Identity

CIK (Filer ID Nu	mber) Previous Names	None	Entity Type	
0001446159		nerapeutics Inc.	X Corporation	
Name of Issue		erapeutic Inc.	Limited Partnership	
Predictive Oncology Inc.	Skyline Med	-	Limited Liability Company	
Jurisdiction of	of		General Partnership	
Incorporation/Orga	nization		Business Trust	
DELAWARE			Other (Specify)	
-	ntion/Organization			
X Over Five Years Ago				
Within Last Five Years (	Specify Year)			
Yet to Be Formed				
2. Principal Place of Busine	ss and Contact Information			
Name	of Issuer			
Predictive Oncology Inc.				
Street .	Address 1		eet Address 2	
2915 COMMERS DRIVE,		SUITE 900		
City	State/Province/Country	ZIP/PostalC	ode Phone Number of Issuer	
EAGAN	MINNESOTA	55121	651-389-4800	
3. Related Persons				
Last Name	Firs	st Name	Middle Name	
Schwartz	Carl		I	
Street Address 1	Street	Address 2		
2915 Commers Drive	Suite 900			
City	State/Prov	vince/Country	ZIP/PostalCode	
Eagan	MINNESOTA		55121	
Relationship: X Executive	Officer X Director Promo	oter		
Clarification of Response (i	f Necessary):			
Last Name	Firs	st Name	Middle Name	
Myers	Bob			
Street Address 1	Street	Address 2		
2915 Commers Drive	Suite 900			

55121

Clarification of Response (if Necessary):

Relationship: X Executive Officer Director Promoter

MINNESOTA

Eagan

Last Name	First Name		
Engle	J	Melville	
Street Address 1	Street Address 2		
2915 Commers Drive	Suite 900		ZIP/PostalCode
City Eagan	State/Province/Country MINNESOTA	55121	ZIP/PostalCode
-		55121	
Relationship: Executive Office	er X Director Promoter		
Clarification of Response (if Nece	essary):		
Last Name	First Name		Middle Name
Gabriel	Richard	L	
Street Address 1	Street Address 2		
2915 Commers Drive	Suite 900		
City	State/Province/Country		ZIP/PostalCode
Eagan	MINNESOTA	55121	
Relationship: Executive Office	er X Director Promoter		
Clarification of Response (if Nece	essary):		
Last Name	First Name		Middle Name
Handley	Daniel	Е	
Street Address 1	Street Address 2		
2915 Commers Drive	Suite 900		
City	State/Province/Country		ZIP/PostalCode
Eagan	MINNESOTA	55121	
<b>Relationship:</b> Executive Office	er X Director Promoter		
Clarification of Response (if Nece	First Name		Middle Name
St. Clair Sr.	Gregory	S	Wildle Maine
St. Clair SI.	Olegoly	5	
Street Address 1	Street Address 2		
Street Address 1	Street Address 2		
2915 Commers Drive	Suite 900		71P/PostalCode
2915 Commers Drive City	Suite 900 State/Province/Country	55121	ZIP/PostalCode
2915 Commers Drive City Eagan	Suite 900 State/Province/Country MINNESOTA	55121	ZIP/PostalCode
2915 Commers Drive City Eagan Relationship: Executive Office	Suite 900 State/Province/Country MINNESOTA er X Director Promoter	55121	ZIP/PostalCode
2915 Commers Drive City Eagan Relationship: Executive Office Clarification of Response (if Nece	Suite 900 State/Province/Country MINNESOTA er X Director Promoter essary):	55121	
2915 Commers Drive City Eagan Relationship: Executive Office Clarification of Response (if Nece Last Name	Suite 900 State/Province/Country MINNESOTA er X Director Promoter essary): First Name	55121	ZIP/PostalCode Middle Name
2915 Commers Drive City Eagan Relationship: Executive Office Clarification of Response (if Nece Last Name Nuzum	Suite 900 State/Province/Country MINNESOTA er X Director Promoter essary): First Name Chuck	55121	
2915 Commers Drive City Eagan Relationship: Executive Office Clarification of Response (if Nece Last Name Nuzum Street Address 1	Suite 900 State/Province/Country MINNESOTA er X Director Promoter essary): First Name Chuck Street Address 2	55121	
2915 Commers Drive City Eagan Relationship: Executive Office Clarification of Response (if Nece Last Name Nuzum Street Address 1 2915 Commers Drive	Suite 900 State/Province/Country MINNESOTA er X Director Promoter essary): First Name Chuck Street Address 2 Suite 900	55121	Middle Name
2915 Commers Drive City Eagan Relationship: Executive Office Clarification of Response (if Nece Last Name Nuzum Street Address 1 2915 Commers Drive City	Suite 900 State/Province/Country MINNESOTA er X Director Promoter essary): First Name Chuck Street Address 2 Suite 900 State/Province/Country		
2915 Commers Drive City Eagan Relationship: Executive Office Clarification of Response (if Nece Last Name Nuzum Street Address 1 2915 Commers Drive City Eagan	Suite 900 State/Province/Country MINNESOTA er X Director Promoter essary): First Name Chuck Street Address 2 Suite 900 State/Province/Country MINNESOTA	55121	Middle Name
2915 Commers Drive City Eagan Relationship: Executive Office Clarification of Response (if Nece Last Name Nuzum Street Address 1 2915 Commers Drive	Suite 900 State/Province/Country MINNESOTA er X Director Promoter essary): First Name Chuck Street Address 2 Suite 900 State/Province/Country MINNESOTA		Middle Name
2915 Commers Drive City Eagan Relationship: Executive Office Clarification of Response (if Nece Last Name Nuzum Street Address 1 2915 Commers Drive City Eagan Relationship: Executive Office	Suite 900 State/Province/Country MINNESOTA er X Director Promoter essary): First Name Chuck Street Address 2 Suite 900 State/Province/Country MINNESOTA er X Director Promoter		Middle Name
2915 Commers Drive City Eagan Relationship: Executive Office Clarification of Response (if Nece Last Name Nuzum Street Address 1 2915 Commers Drive City Eagan Relationship: Executive Office Clarification of Response (if Nece	Suite 900 State/Province/Country MINNESOTA er X Director Promoter essary): First Name Chuck Street Address 2 Suite 900 State/Province/Country MINNESOTA er X Director Promoter		Middle Name
2915 Commers Drive City Eagan Relationship: Executive Office Clarification of Response (if Nece Last Name Nuzum Street Address 1 2915 Commers Drive City Eagan Relationship: Executive Office Clarification of Response (if Nece Last Name Chung-Welch	Suite 900 State/Province/Country MINNESOTA er X Director Promoter essary): First Name Chuck Street Address 2 Suite 900 State/Province/Country MINNESOTA er X Director Promoter essary):		Middle Name ZIP/PostalCode
2915 Commers Drive City Eagan Relationship: Executive Office Clarification of Response (if Nece Last Name Nuzum Street Address 1 2915 Commers Drive City Eagan Relationship: Executive Office Clarification of Response (if Nece	Suite 900 State/Province/Country MINNESOTA er X Director Promoter essary): First Name Chuck Street Address 2 Suite 900 State/Province/Country MINNESOTA er X Director Promoter essary): First Name		Middle Name ZIP/PostalCode
2915 Commers Drive City Eagan Relationship: Executive Office Clarification of Response (if Nece Last Name Nuzum Street Address 1 2915 Commers Drive City Eagan Relationship: Executive Office Clarification of Response (if Nece Last Name Chung-Welch Street Address 1	Suite 900 State/Province/Country MINNESOTA er X Director Promoter essary): First Name Chuck Street Address 2 Suite 900 State/Province/Country MINNESOTA er X Director Promoter essary): First Name Nancy		Middle Name ZIP/PostalCode
2915 Commers Drive City Eagan Relationship: Executive Office Clarification of Response (if Nece Last Name Nuzum Street Address 1 2915 Commers Drive City Eagan Relationship: Executive Office Clarification of Response (if Nece Last Name Chung-Welch	Suite 900 State/Province/Country MINNESOTA er X Director Promoter essary): First Name Chuck Street Address 2 Suite 900 State/Province/Country MINNESOTA er X Director Promoter essary): First Name Nancy Street Address 2		Middle Name ZIP/PostalCode

# Relationship: Executive Officer X Director Promoter

Clarification of Response (if Necessary):

# 4. Industry Group

Agriculture		Health Care	Retailing
Banking & Financial Services		X Biotechnology	Restaurants
Commercial Bank Insurance	king	Health Insurance	Technology
Investing		Hospitals & Physicians	Computers
Investment Banki	ng	Pharmaceuticals	Telecommunications
Pooled Investmen	t Fund	Other Health Care	Other Technology
Is the issuer regist		Manufacturing	Travel
an investment con the Investment Co		Real Estate	Airlines & Airports
Act of 1940?	Jiipany	Commercial	Lodging & Conventions
Yes	No	Construction	Tourism & Travel Services
Other Banking &	Financial Services	<b>REITS &amp; Finance</b>	Other Travel
Business Services		Residential	Other
Energy		Other Real Estate	
Coal Mining			
Electric Utilities			
Energy Conservat	tion		
Environmental Se	ervices		
Oil & Gas			

5. Issuer Size

Other Energy

<b>Revenue Range</b>	OR	Aggregate Net Asset Value Range
No Revenues		No Aggregate Net Asset Value
\$1 - \$1,000,000		\$1 - \$5,000,000
\$1,000,001 - \$5,000,000		\$5,000,001 - \$25,000,000
\$5,000,001 - \$25,000,000		\$25,000,001 - \$50,000,000
\$25,000,001 - \$100,000,000		\$50,000,001 - \$100,000,000
Over \$100,000,000		Over \$100,000,000
X Decline to Disclose		Decline to Disclose
Not Applicable		Not Applicable

6. Federal Exemption(s) and Exclusion(s) Claimed (select all that apply)

	Investment Company Act Section 3(c)		
Rule 504(b)(1) (not (i), (ii) or (iii))	Section 3(c)(1)	Section 3(c)(9)	
Rule 504 (b)(1)(i)	Section 3(c)(2)	Section 3(c)(10)	
Rule 504 (b)(1)(ii)	Section $3(c)(3)$	Section 3(c)(11)	
Rule 504 (b)(1)(iii) X Rule 506(b)	Section 3(c)(4)	Section 3(c)(12)	
Rule 506(c)	Section $3(c)(5)$	Section $3(c)(13)$	
Securities Act Section 4(a)(5)	Section 3(c)(6)	Section $3(c)(14)$	
	Section 3(c)(7)		

7. Type of Filing		
New Notice Date of First Sale 2021-01-12 First Sal X Amendment	e Yet to Occur	
8. Duration of Offering		
Does the Issuer intend this offering to last more than one	year? Yes X No	
9. Type(s) of Securities Offered (select all that apply)		
<ul> <li>X Equity Debt</li> <li>X Option, Warrant or Other Right to Acquire Another Sec Security to be Acquired Upon Exercise of Option, Warr Other Right to Acquire Security</li> </ul>		
10. Business Combination Transaction		
Is this offering being made in connection with a business as a merger, acquisition or exchange offer?	combination transaction, such Yes X No	
Clarification of Response (if Necessary):		
11. Minimum Investment		
Minimum investment accepted from any outside investor	\$0 USD	
12. Sales Compensation		
Recipient	Recipient CRD Number None	
H.C. Wainwright & Co. LLC	375	
(Associated) Broker or Dealer None	(Associated) Broker or Dealer CRD Number	None
H.C. Wainwright & Co. LLC	375	
Street Address 1	Street Address 2	
430 Park Avenue	4th Floor	
City	State/Province/Country	ZIP/Postal Code
New York	NEW YORK	10022
State(s) of Solicitation (select all that apply)AllCheck "All States" or check individualStates	Foreign/non-US	
ILLINOIS FLORIDA NEW YORK NEW JERSEY CALIFORNIA		

13. Offering and Sales Amounts

Total Offering Amount\$16,760,975 USD orIndefiniteTotal Amount Sold\$16,760,975 USDTotal Remaining to be Sold\$0 USD orIndefinite

Clarification of Response (if Necessary):

14. Investors

Select if securities in the offering have been or may be sold to persons who do not qualify as accredited

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investors, and enter the number of such non-accredited investors who already have invested in the offering. Regardless of whether securities in the offering have been or may be sold to persons who do not qualify as accredited investors, enter the total number of investors who already have invested in the offering:

10

## 15. Sales Commissions & Finder's Fees Expenses

Provide separately the amounts of sales commissions and finders fees expenses, if any. If the amount of an expenditure is not known, provide an estimate and check the box next to the amount.

Sales Commissions	\$950,958 USD	X Estimate
Finders' Fees	\$0 USD	Estimate

Clarification of Response (if Necessary):

The above amount includes a 1% management fee. The Placement Agent also received Warrants to purchase an aggregate of 1,328,350 shares of Common Stock.

## 16. Use of Proceeds

Provide the amount of the gross proceeds of the offering that has been or is proposed to be used for payments to any of the persons required to be named as executive officers, directors or promoters in response to Item 3 above. If the amount is unknown, provide an estimate and check the box next to the amount.

## \$0 USD X Estimate

Clarification of Response (if Necessary):

### Signature and Submission

Please verify the information you have entered and review the Terms of Submission below before signing and clicking SUBMIT below to file this notice.

Terms of Submission

In submitting this notice, each issuer named above is:

- Notifying the SEC and/or each State in which this notice is filed of the offering of securities described and undertaking to furnish them, upon written request, in the accordance with applicable law, the information furnished to offerees.\*
- Irrevocably appointing each of the Secretary of the SEC and, the Securities Administrator or other legally designated officer of the State in which the issuer maintains its principal place of business and any State in which this notice is filed, as its agents for service of process, and agreeing that these persons may accept service on its behalf, of any notice, process or pleading, and further agreeing that such service may be made by registered or certified mail, in any Federal or state action, administrative proceeding, or arbitration brought against the issuer in any place subject to the jurisdiction of the United States, if the action, proceeding or arbitration (a) arises out of any activity in connection with the offering of securities that is the subject of this notice, and (b) is founded, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these statutes, or (ii) the laws of the State in which the issuer maintains its principal place of business or any State in which this notice is filed.
- Certifying that, if the issuer is claiming a Regulation D exemption for the offering, the issuer is not disqualified from relying on Rule 504 or Rule 506 for one of the reasons stated in Rule 504(b)(3) or Rule 506(d).

Each Issuer identified above has read this notice, knows the contents to be true, and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

For signature, type in the signer's name or other letters or characters adopted or authorized as the signer's signature.

Issuer	Signature	Name of Signer	Title	Date
Predictive Oncology Inc.	/s/ Bob Myers	Bob Myers	Chief Financial Officer	2021-03-18

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.

\* This undertaking does not affect any limits Section 102(a) of the National Securities Markets Improvement Act of 1996 ("NSMIA") [Pub. L. No. 104-290, 110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of States to require information. As a

result, if the securities that are the subject of this Form D are "covered securities" for purposes of NSMIA, whether in all instances or due to the nature of the offering that is the subject of this Form D, States cannot routinely require offering materials under this undertaking or otherwise and can require offering materials only to the extent NSMIA permits them to do so under NSMIA's preservation of their anti-fraud authority.