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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number: 3235-0287									
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hours per response:	0.5								

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

1. Name and Address of Reporting Person* ENGLE J MELVILLE					2. Issuer Name and Ticker or Trading Symbol Predictive Oncology Inc. [POAI]								(Ch	Relationship eck all app X Direc	,	ng Pe	rson(s) to Is	wner		
(Last) (First) (Middle) 8778 E 152ND PLACE				3. Date of Earliest Transaction (Month/Day/Year) 07/01/2021								1	X Office below	cer (give title w) CEO and Cha		Other (below) irman	specify			
(Street) THORN (City)			30602 Zip)		4. If A									Line	e) <mark>X</mark> Form Form	vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Table	I - Nor	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or E	3ene	eficia	lly Own	ed				
Date				Date	Ionth/Day/Year) if any		cution ny	ution Date,		3. Transaction Code (Instr. 8) 4. Securiti Disposed 5)					Benefi	ties cially I Following	Forn (D) c	wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) or (D)		Price	Transa	eu ction(s) 3 and 4)				
Common	Stock			07/01/	2021	21 A 9,924 A \$0 18,953 D				D										
		Tal						-	-		osed of, onvertib				y Owne	d				
1. Title of Derivative Security (Instr. 3)	vative Conversion Date Execution Date urity or Exercise (Month/Day/Year) if any		on Date,	4. Transaction Code (Instr. 8)		of Deriv	vative irities ired r osed)	6. Date I Expirati (Month/I	on Da Day/Y		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		ount	8. 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)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		

Explanation of Responses:

/s/ J. Melville Engle

07/06/2021

** 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).

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.