FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, D.C. 20549 | OMB APPROVA | | | |
|--|-------------|-----|--|--|
| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | OMB Number: | 323 | | |

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

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

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

| 1. Name and Address of Reporting Person* HANDLEY DANIEL E | | | | | | 2. Issuer Name and Ticker or Trading Symbol Predictive Oncology Inc. [POAI] | | | | | | | | | 5. Relationshi (Check all app X Direct | | plicable) | | Person(s) to Issuer 10% Owner | | |
|--|--|---------------|-------|---|------------------------|---|--|--|-----------------------------------|---------------------------|--|---------|-------------------|---|---|--|-------------------|--|----------------------------------|------------|--|
| (Last) | (| First) | (N | /liddle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/05/2024 | | | | | | | | | Office below | er (give title | | Other (s below) | specify | |
| 2867 STRATHALLAN AVENUE | | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | |
| (Street) | DERSON NV 89044 | | | | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (| (State) (Zip) | | | | | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | | | | |
| l | | | | | | | Check this box to indicate that a transaction was made pursuant to satisfy the affirmative defense conditions of Rule 10b5-1(c). See I | | | | | | | | to a co | ontract, instruction 10. | uction or writt | en plan | that is inter | nded to | |
| | | | Table | I - Nor | n-Deriva | tive S | Secui | rities | Acq | uired, | Disp | osed of | , or E | 3ene | ficia | Ily Own | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | Exec ay/Year) if an | | Deemed ecution Date, ny onth/Day/Year) | | 3. Transaction Code (Instr. 5) | | 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | (A) or 3, 4 ar | Benefic Owned | ities Folicially (D) | | Direct Indirect I | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | | Code | v | Amount | unt (A) or (D) | | Price | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Common Stock 04/05/2 | | | | | | 2024 | | | | A | | 2,353 | A : | | \$ <mark>0</mark> | 0 18,661 | | | 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 | | | 4. Transaction Code (Instr. 8) | | of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transactio (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | Date Exercisa | able | Expiration Date Title Amo | | ber | | | | | | | | | |

Explanation of Responses:

/s/ Josh Blacher

04/12/2024

** Signature of Reporting Person

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.

 $^{^{\}star}$ 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).