Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, I	D.C. 20549	
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See 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: 3235-028									
Estimated average burden									
hours per response: 0.5									

											· ·								
Name and Address of Reporting Person* Jenkins Christina Lee MD					2. Issuer Name and Ticker or Trading Symbol Predictive Oncology Inc. [POAI]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Jenkins Christina Lee MD												X	Direct	or		10% O	wner		
(Last) (First) (Middle) 2915 COMMERS DRIVE					3. Date of Earliest Transaction (Month/Day/Year) 01/04/2022										Office below	cer (give title w)		Other (below)	specify
SUITE 900					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable						
(Street)														Line) X Form filed by One Reporting Person					
EAGAN	MI	N 5	5121											_ A		,		Ü	
															Perso		ire ura	an One Rep	orung
(City)	(Sta	ate) (Z	Zip)																
		Table	I - Non	-Deriva	tive S	Secui	rities	Acq	uired,	Dis	posed of	, or B	enef	iciall	y Own	ed			
Date				2. Transac Date (Month/Da	Execution Da			Date,	Transaction Dispo		4. Securiti Disposed 5)				Securit Benefic Owned	Owned Following		n: Direct	7. Nature of Indirect Beneficial Ownership
				v				Amount	(A) (D)	or P	rice	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)			
Common	ommon Stock, \$.01 par value 01/04/2022 A						14,709	A		\$0	34,145			D					
		Tal									osed of, convertib				Owned	t			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Dat if any (Month/Day/Yo	on Date,	4. Transaction Code (Instr. 8)		of Deriv Secu Acqu (A) o Dispo	r osed) r. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		De Se (In	rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transactior (Instr. 4)	Owners Form: Direct (I or Indire (I) (Instr	Ownership	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amou or Numb of Share	er					

Explanation of Responses:

01/05/2022 /s/ Christina L. Jenkins, MD

** 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.