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

**DELAWARE** 

**Previous CIK (Filer ID Number)** None **Entity Type** Names

0001446159 Precision Therapeutics Inc. X Corporation

> Name of Issuer Precision Therapeutic Inc. Limited Partnership

Predictive Oncology Inc. Skyline Medical Inc. Limited Liability Company

Jurisdiction of General Partnership **Incorporation/Organization Business Trust** Other (Specify)

Year of Incorporation/Organization

X Over Five Years Ago

Within Last Five Years (Specify Year)

Yet to Be Formed

2. Principal Place of Business and Contact Information

Name of Issuer

Predictive Oncology Inc.

**Street Address 2 Street Address 1** 

2915 COMMERS DRIVE, **SUITE 900** 

**State/Province/Country** ZIP/PostalCode **Phone Number of Issuer** City

**MINNESOTA** 55121 651-389-4800 **EAGAN** 

3. Related Persons

**Last Name** First Name Middle Name

Ι

Schwartz Carl

> **Street Address 1 Street Address 2**

2915 Commers Drive Suite 900

> State/Province/Country ZIP/PostalCode City

Eagan **MINNESOTA** 55121

**Relationship:** X Executive Officer X Director Promoter

Clarification of Response (if Necessary):

**Last Name First Name Middle Name** 

Myers Bob

> **Street Address 1 Street Address 2**

Suite 900 2915 Commers Drive

State/Province/Country ZIP/PostalCode City

**MINNESOTA** 55121 Eagan

**Relationship:** X Executive Officer Director Promoter

Clarification of Response (if Necessary):

Last Name First Name Middle Name
Engle J Melville

Street Address 1 Street Address 2

2915 Commers Drive Suite 900

City State/Province/Country ZIP/PostalCode

Eagan MINNESOTA 55121

**Relationship:** Executive Officer X Director Promoter

Clarification of Response (if Necessary):

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 Officer X Director Promoter

Clarification of Response (if Necessary):

Last Name First Name Middle Name

Handley Daniel E

Street Address 1 Street Address 2

2915 Commers Drive Suite 900

City State/Province/Country ZIP/PostalCode

Eagan MINNESOTA 55121

**Relationship:** Executive Officer X Director Promoter

Clarification of Response (if Necessary):

Last Name First Name Middle Name

St. Clair Sr. Gregory S

Street Address 1 Street Address 2

2915 Commers Drive Suite 900

City State/Province/Country ZIP/PostalCode

Eagan MINNESOTA 55121

**Relationship:** Executive Officer X Director Promoter

Clarification of Response (if Necessary):

Last Name First Name Middle Name

Nuzum Chuck

Street Address 1 Street Address 2

2915 Commers Drive Suite 900

City State/Province/Country ZIP/PostalCode

Eagan MINNESOTA 55121

**Relationship:** Executive Officer X Director Promoter

Clarification of Response (if Necessary):

Last Name First Name Middle Name

Chung-Welch Nancy

Street Address 1 Street Address 2

2915 Commers Drive Suite 900

City State/Province/Country ZIP/PostalCode

Eagan MINNESOTA 55121

Relationship: Executive Officer X Director Promoter

Clarification of Response (if Necessary):

### 4. Industry Group

Agriculture
Banking & Financial Services

Commercial Banking

Insurance Investing

Investment Banking
Pooled Investment Fund

Is the issuer registered as an investment company under the Investment Company

Act of 1940?

Yes

No

Other Banking & Financial Services

**Business Services** 

Energy

Coal Mining

Electric Utilities

**Energy Conservation** 

**Environmental Services** 

Oil & Gas

Other Energy

Health Care

X Biotechnology

Health Insurance

Hospitals & Physicians

Pharmaceuticals

Other Health Care

Manufacturing

Real Estate

Commercial

Construction

**REITS & Finance** 

Residential

Other Real Estate

Retailing

Restaurants

Technology

Computers

**Telecommunications** 

Other Technology

Travel

Airlines & Airports

Lodging & Conventions

Tourism & Travel Services

Other Travel

Other

# 5. Issuer Size

Revenue Range	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 Compan	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) Rule 504 (b)(1)(iii) X Rule 506(b)	Section 3(c)(3)	Section 3(c)(11)		
	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
- X New Notice Date of First Sale 2021-01-12 First Sale Yet to Occur Amendment
- 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)

Pooled Investment Fund Interests X Equity Debt Tenant-in-Common Securities

X Option, Warrant or Other Right to Acquire Another Security Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security

Other (describe)

Mineral Property Securities

10. Business Combination Transaction

Is this offering being made in connection with a business combination transaction, such Yes X No as a merger, acquisition or exchange offer?

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

(Associated) Broker or Dealer CRD (Associated) Broker or Dealer None None

Number

375 H.C. Wainwright & Co. LLC

**Street Address 2 Street Address 1** 

430 Park Avenue 4th Floor

ZIP/Postal Code City State/Province/Country

10022 New York **NEW YORK** 

State(s) of Solicitation (select all that apply) All Check "All States" or check individual

States

States

Foreign/non-US

CALIFORNIA

FLORIDA

ILLINOIS

NEW JERSEY

NEW YORK

### 13. Offering and Sales Amounts

**Total Offering Amount** \$9,371,971 USD or Indefinite

**Total Amount Sold** \$9,371,971 USD

Total Remaining to be Sold \$0 USD or Indefinite

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

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:

### 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 \$796,618 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 695,006 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	2021-02-01

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.