Instruction 1(b).

FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	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

**OMB APPROVAL** 3235-0287 Estimated average burden 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*					2. Issuer Name and Ticker or Trading Symbol Predictive Oncology Inc. [ POAI ]									k all app Direc	tor	ng Pei	10% O	wner	
(Last) 2915 CO	(Fir	,	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 09/13/2021									Officer (give title below)		Other (: below)		specify
SUITE 900						4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) EAGAN	M	N 5	5121			Fo								n filed by One Reporting Person n filed by More than One Reporting son					
(City)	(St	ate) (Z	Zip)																
		Table	I - Nor	า-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or E	Benef	iciall	y Own	ed			
1. Title of Security (Instr. 3)  2. Transa Date (Month/D				ay/Year)   Execu		. Deemed ecution Date, any onth/Day/Year)		Transaction Dispose Code (Instr. 5)					, 4 and Securi Benefi		ties cially Following	Form (D) o	wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	v	Amount	(A) (D)	or P	rice	Transa	action(s) 3 and 4)			(111341.4)	
Common Stock 09/13/2					′2021			A		5,000	A		\$ <mark>0</mark>	5,000			D		
		Tal							,		osed of, onvertib			•	Owne	d			
1. Title of Derivative Security (Instr. 3)	ivative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any			on Date,	4. Transaction Code (Instr. 8)		of	r osed (, 3, 4	6. Date   Expirati (Month/	on Da	Securities Underlying Derivative Security (Ins 3 and 4)		Se (In	Price of Privative curity str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Owne Form ly Direct or Ind (I) (In:	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial  Ownership ect (Instr. 4)	
			Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amou or Numb of Share	er							

**Explanation of Responses:** 

/s/ Raymond F. Vennare

09/13/2021

\*\* 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.