FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL OMB Number: 3235-0104 Estimated average burden hours per response: 0.5

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

l	Address of Rep Christina L	Requiring S (Month/Day	2. Date of Event Requiring Statement (Month/Day/Year) 04/21/2021 3. Issuer Name and Ticker or Trading Symbol Predictive Oncology Inc. [POAI]								
(Last) 2915 COM SUITE 900 (Street) EAGAN (City)	(First) MERS DRIV MN (State)	(Middle) 7E 55121 (Zip)	-		Issuer	ck all applicable)	10% C	wner (specify	File 6. Iı	ndividual or Jo neck Applicable Form filed Person	int/Group Filing e Line) by One Reporting by More than One
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)						ount of Securities cially Owned (Instr.			4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Common Stock, \$.01 par value						0	D				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
			2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Se Underlying Derivative Se (Instr. 4)			curity Conver		5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr.
		Date Exercisable	Expiratior Date	Title	,	Amount or Number of Shares	Price of Derivative Security		Direct (D) or Indirect (I) (Instr. 5)	5)	

Explanation of Responses:

/s/ Christina L. Jenkins,

<u>MD</u>

** Signature of Reporting Person 04/23/2021

Date

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 5 (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.