FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OME		

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

	e and Address of Reporting Person* 2. Date of Event R Statement (Month/			3. Issuer Name and Ticker or Trading Symbol Strata Critical Medical, Inc. [SRTA]				
(Last) (First) (Middle) C/O STRATA CRITICAL MEDICAL, INC. 31 HUDSON YARDS, 14TH FLOOR				ionship of Reporting Person(s) all applicable) Director Officer (give title below)	to Issuer 10% Owner Other (specify below)		mendment, Date of Original Filed h/Day/Year)	
(Street) NEW YORK (City)	NY (State)	10001 (Zip)						vidual or Joint/Group Filing (Check able Line) Form filed by One Reporting Person Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Class A common stock, \$0.0001 par value per share	0	D	

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

	1. Title of Derivative Security (Instr. 4)			3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		Conversion or Exercise	Form: Direct (D) or	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Price of Derivative Security	Indirect (I) (Instr. 5)		

Explanation of Responses:

Remarks:

EX-24 Power of Attorney

/s/ Melissa M. Tomkiel, Attorneyin-fact for William L. Cook, III

12/04/2025

** Signature of Reporting Person

Date

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.

^{*} 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).

POWER OF ATTORNEY

The undersigned hereby constitutes and appoints each of Sam Stone, Melissa Tomkiel, Alanna Wolff, Amir Cohen, Cindy Lee, Daria Cintron, and Maria Penalo, or any one of them, as the undersigned's true and lawful attorneys-in-fact and agents to execute and submit any applications for EDGAR access codes or any other documents necessary or appropriate to obtain codes and passwords enabling the undersigned to make electronic filings with the Securities and Exchange Commission, including without limitation the Form ID or any request for an updated passphrase.

In connection with the submission with any Form ID to enroll the undersigned on the EDGAR Next Dashboard, each such attorney-in-fact is authorized to name Sam Stone, Melissa Tomkiel, Alanna Wolff, Amir Cohen, Cindy Lee, Daria Cintron, and Maria Penalo as my initial prospective account administrators.

This Power of Attorney is executed as of the date set forth below.

Notary Public

Name: William L. Cook, III

Date: 10/29/2025

NOTARY:

State of New York

State of New York

Notary Public

Notary Public

Notary Public

Notary Public

Melissa M. Tomkiel
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 02T06279067
Qualified in Westchester County
Commission Expires April 8, 2625