FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

1. Name and Address of Reporting Person*

TOI HC I, LLC

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

> > 7. Nature of Indirect Beneficial Ownership (Instr. 4)

See footnote(4)

See footnote(4)

See footnote(4)

11. Nature of Indirect Beneficial

Ownership (Instr. 4)

Instruc	tion 1(b).			Filed	pursu	ant i	to Se	ection	16(a)	of the	Secur	ities Exchang	e Act	of 1934				. с р с		
1. Name and Address of Reporting Person* Havencrest Healthcare Partners, L.P. (Last) (First) (Middle) 2100 MCKINNEY AVE, SUITE 1760			or Section 30(h) of the Investment Company Act of 1940 2. Issuer Name and Ticker or Trading Symbol Oncology Institute Inc. [TOL]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
			<u>On</u>	Oncology Institute, Inc. [TOI]									Director X 10% Owner Officer (give title Other (specify							
				3. Date of Earliest Transaction (Month/Day/Year) 09/22/2022									below) below)							
(Street) DALLA	S TX	K 7	75201		4. If Ai			nent,	Date (of Origir	nal File	ed (Month/Da		6. Individual or Joint/Group Fil Line) Form filed by One Re X Form filed by More th Person				deporting Person		
(City)	(St	ate) (2	Zip)																	
4 =====================================			I - No	ı		_			Acc	quired	l, Dis	sposed of	-		iall	1				7. Nature o
1. Title of Security (Instr. 3)			2. Transact Date (Month/Day		Ex if a	A. Deemed xecution Date, any lonth/Day/Year)		Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)		red (A) or str. 3, 4 ar	nd	5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		Indirect Beneficial Ownership (Instr. 4)		
										Code	v	Amount	(A) o (D)	Price		Transac (Instr. 3	tion(s)			(111501.4)
Common	stock			09/22/2	022					S		13,086	D	\$4.25	5(1)	14,70	00,829		I	See footnote ⁽⁴⁾
Common stock			09/23/2	/2022				S		5,375	D	\$4.19	9 ⁽²⁾ 14,695,454		05,454			See footnote(
Common	stock			09/26/2	022					S		7,153	D	\$4.57	7(3)	14,68	38,301		I	See footnote ⁽⁴⁾
		Та	ble II									oosed of, convertib				Owne	d			
1. Title of Derivative Security (Instr. 3) 2. Conversior or Exercise Price of Derivative Security		Date Ex (Month/Day/Year) if		eemed ition Date, h/Day/Year)		Transaction Code (Inst				Expiration [ate	7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Numbe derivative Securitie Beneficia Owned Following Reported Transacti (Instr. 4)	e s ally g	10. Ownersh Form: Direct (D or Indirec (I) (Instr.	Benefic Owners ct (Instr. 4
					Code	v		(A)	(D)	Date Exerci	isable	Expiration Date	Title	Amount or Number of Shares						
		Reporting Person* thcare Partne		<u>.P.</u>																
(Last) 2100 MC		(First) AVE, SUITE 17	•	liddle)																
(Street) DALLA	S	TX	75	5201																
(City)		(State)	(Z	ip)																
		Reporting Person* Ithcare Partne		P, LLC																
(Last) 2100 MC		(First) AVE, SUITE 17	•	liddle)																
(Street) DALLA	S	TX	75	5201																
(City)		(State)	(Zi	ip)																

(Last) 2100 MCKINN	(First) NEY AVE, SUITE	(Middle) 1760	
(Street) DALLAS	TX	75201	
(City)	(State)	(Zip)	

Explanation of Responses:

- 1. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$4.14 to \$4.39, inclusive. The reporting person undertakes to provide The Oncology Institute, Inc., any security holder of The Oncology Institute, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in footnote (1) to this Form 4.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$4.02 to \$4.30, inclusive. The reporting person undertakes to provide The Oncology Institute, Inc., any security holder of The Oncology Institute, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in footnote (2) to this Form 4.
- 3. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$4.19 to \$4.78, inclusive. The reporting person undertakes to provide The Oncology Institute, Inc., any security holder of The Oncology Institute, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in footnote (3) to this Form 4.
- 4. TOI HC I, LLC is the record holder of these shares. Havencrest Healthcare Partners, L.P. may be deemed to have beneficial ownership of the shares directly held by TOI HC I, LLC. Havencrest Healthcare Partners GP, LLC controls Havencrest Healthcare Partners, L.P. Each reporting person disclaims beneficial ownership of the reported securities except to the extent of such reporting person's pecuniary interest therein.

Remarks:

/s/ Havencrest Healthcare
Partners, L.P., by Kyle Seco,
as attorney-in-fact
/s/ Havencrest Healthcare
Partners GP, LLC, by Kyle
Seco, as attorney-in-fact
/s/ TOI HC I, LLC, by Kyle
Seco, as attorney-in-fact
** Signature of Reporting Person

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 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.