(Street)

DALLAS

TX

75201

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 | |
|--------------|------|-------|--|
| vvasnington, | D.C. | 20549 | |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

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)

11. Nature of Indirect Beneficial

Ownership (Instr. 4)

See footnote(2)

| Instruc | tion 1(b). | | | Filed | l pursu | ant to S | Section | 16(a |) of the | Secui | rities Exchang | e Act of | 1934 | | | | | |
|-----------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|----------------|----------------------|----------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------|--------------------------------------------------------------------|--------------------------------------------------------------------------------------------|------------------------------------------------------------|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-------------------------------------------------------------------|---------------------------------------------------------------------------------------|-------------------------------------------------------|--|-----------------------------------|
| | or Section 30(h) of the Investment Company Act of 1940 2. Issuer Name and Ticker or Trading Symbol Oncology Institute, Inc. [TOI] | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner | | | | | | | | | |
| (Last) 2100 MC | , | irst) (I | Middle) |) | | 3. Date of Earliest Transaction (Month/Day/Year) 11/11/2022 | | | | | | | | Officer (give title Other (specification) below) | | | | |
| (Street) DALLA | S T | | ′5201 | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person | | | | | | |
| (City) | (St | tate) (2 | Zip) | | | | | | | | | | | | | | | |
| | | | I - N | 1 | | 1 | | Acc | _ | d, Di | sposed of | - | | | | | | |
| 1. Title of Security (Instr. 3) | | 2. Transacti Date (Month/Day | | Executive (ear) | | eemed ition Date, h/Day/Year) | | Transaction Di | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | Benefic Owned | es ially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price Repor Transa (Instr. | | action(s) 3 and 4) | | | |
| Common | stock | | | 11/11/20 |)22 | | | | S | | 365,321 | D | \$2.33 | (1) 13,362,873 | | | | See footnote(|
| | | Та | ble II | | | | | | | | posed of, convertib | | | | d | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | Exec if any | eemed ution Date, | 4. Trans | saction (Instr. | 5. Nu of Deriv Secu Acqu (A) o Disp of (D | umber vative urities uired or osed 0) r. 3, 4 | 6. Dat | e Exe | rcisable and 7. Title and | | and at of ties ying tive ty (Instr. | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securitie Beneficial Owned Followin Reported Transact (Instr. 4) | Ownershi Form: Direct (D) or Indirect (I) (Instr. 4 | | Benefic Owners ct (Instr. 4 |
| | | | | | Code | v | (A) | (D) | Date Exerc | isable | Expiration Date | | Amount or Number of Shares | • | | | | |
| ı | | f Reporting Person* Ithcare Partne | | <u>P.</u> | , | | | | | | | | | | | | | |
| (Last) 2100 MC | CKINNEY | (First) AVE, SUITE 17 | | Middle) | | | | | | | | | | | | | | |
| (Street) DALLA | S | TX | 7. | 5201 | | | | | | | | | | | | | | |
| (City) | | (State) | (Z | Zip) | | | | | | | | | | | | | | |
| | | f Reporting Person [*] Ithcare Partne | | P, LLC | | | | | | | | | | | | | | |
| (Last) 2100 M(| CKINNEY | (First) AVE, SUITE 17 | , | Middle) | | | | | | | | | | | | | | |
| (Street) | S | TX | 7. | 5201 | | | | | | | | | | | | | | |
| (City) | | (State) | (Z | <u>Z</u> ip) | | | | | | | | | | | | | | |
| | nd Address o | f Reporting Person [*] | | | | | | | | | | | | | | | | |
| (Last) 2100 MC | CKINNEY | (First) AVE, SUITE 17 | | Middle) | | | | | | | | | | | | | | |

| (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 \$2.16 to \$2.74, 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. 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.

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.

 $^{^{\}star}$ 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).