

OMB APPROVAL	
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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 Instruction 1(b).

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* <u>SARIN RAVI YANG</u> <hr/> (Last) (First) (Middle) <u>C/O THE ONCOLOGY INSTITUTE INC.</u> <u>18000 STUDEBAKER RD, SUITE 800</u> <hr/> (Street) <u>CERRITOS CA 90703</u> <hr/> (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>Oncology Institute, Inc. [TOI]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director 10% Owner Officer (give title below) Other (specify below)
	3. Date of Earliest Transaction (Month/Day/Year) <u>11/12/2021</u>	
	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	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			
Common Stock	11/12/2021		A		4,109,771	A ⁽¹⁾	\$0	4,109,771	I	See footnote ⁽²⁾

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

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					(A)	(D)	Date Exercisable	Expiration Date					

1. Name and Address of Reporting Person* <u>SARIN RAVI YANG</u> <hr/> (Last) (First) (Middle) <u>C/O THE ONCOLOGY INSTITUTE INC.</u> <u>18000 STUDEBAKER RD, SUITE 800</u> <hr/> (Street) <u>CERRITOS CA 90703</u> <hr/> (City) (State) (Zip)
1. Name and Address of Reporting Person* <u>OncologyCare Partners, LLC</u> <hr/> (Last) (First) (Middle) <u>10207 CLEMATIS CT,</u> <hr/> (Street) <u>LOS ANGELES, CA 90077</u> <hr/> (City) (State) (Zip)

Explanation of Responses:

- Received in connection with the the business combination between DFP Healthcare Acquisitions Corp. and The Oncology Institute, Inc. (the "Business Combination").
- Reflects shares owned by OncologyCare Partners, LLC. OncologyCare Holdings, LLC is the manager of OncologyCare Partners, LLC, and, Ravi Sarin serves as the managing member of OncologyCare Holdings, LLC. As a result, Mr. Sarin indirectly has the power to control OncologyCare Partners, LLC, and is deemed to have indirect beneficial ownership of the securities held by OncologyCare Partners, LLC.

Remarks:

OncologyCare Partners, LLC is a director by deputation solely for the purposes of Section 16 of the Securities Exchange Act of 1934.

By: /s/ Ravi Sarin

11/16/2021

By: /s/ Ravi Sarin, managing member 11/16/2021

** 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.