

| 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>Havencrest Healthcare Partners, L.P.</u> (Last) (First) (Middle) 2100 MCKINNEY AVE, SUITE 1760 (Street) DALLAS TX 75201 (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) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below) |
| | 3. Date of Earliest Transaction (Month/Day/Year) 10/05/2022 | |
| 4. If Amendment, Date of Original Filed (Month/Day/Year) | | |

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 | 10/05/2022 | | S | | 14,060 | D | \$4.78 ⁽¹⁾ | 14,575,313 | I | See footnote ⁽⁴⁾ |
| Common stock | 10/06/2022 | | S | | 33,509 | D | \$4.45 ⁽²⁾ | 14,541,804 | I | See footnote ⁽⁴⁾ |
| Common stock | 10/07/2022 | | S | | 14,652 | D | \$4.63 ⁽³⁾ | 14,527,152 | I | See footnote ⁽⁴⁾ |

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) |
|--|--|--------------------------------------|--|--------------------------------|---|--|-----|--|-----------------|---|--|--|---|--|
| | | | | Code | V | (A) | (D) | Date Exercisable | Expiration Date | | | | | |

1. Name and Address of Reporting Person*
Havencrest Healthcare Partners, L.P.
 (Last) (First) (Middle)
 2100 MCKINNEY AVE, SUITE 1760
 (Street)
 DALLAS TX 75201
 (City) (State) (Zip)

1. Name and Address of Reporting Person*
Havencrest Healthcare Partners GP, LLC
 (Last) (First) (Middle)
 2100 MCKINNEY AVE, SUITE 1760
 (Street)
 DALLAS TX 75201
 (City) (State) (Zip)

1. Name and Address of Reporting Person*
TOI HCI, LLC

| | | |
|-------------------------------|---------|----------|
| (Last) | (First) | (Middle) |
| 2100 MCKINNEY AVE, SUITE 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 \$4.51 to \$4.85, 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 \$4.26 to \$4.84, 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 \$4.51 to \$4.73, 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:

| | |
|--|-------------------|
| <u>/s/ Havencrest Healthcare Partners, L.P., by Kyle Seco, as attorney-in-fact</u> | <u>10/07/2022</u> |
| <u>/s/ Havencrest Healthcare Partners GP, LLC, by Kyle Seco, as attorney-in-fact</u> | <u>10/07/2022</u> |
| <u>/s/ TOI HC I, LLC, by Kyle Seco, as attorney-in-fact</u> | <u>10/07/2022</u> |
| ** 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.