SEC Form 4	ŀ
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## FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

ON	1B	APPROVAL

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934
The pursuant to Section To(a) of the Securities Exchange Act of 1994
or Section 30(h) of the Investment Company Act of 1940
of eccation ec(if) of the investment company for of to to

						2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>Oncology Institute, Inc.</u> [ TOI ]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner						
(Last) 2100 MC	•	(First) (Middle)				<ol> <li>Date of Earliest Transaction (Month/Day/Year) 0/26/2022</li> </ol>							Officer (give title Other (specify below) below)						
(Street) DALLA	s ту	ζ 7	5201		4. lf .	Ame	mendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting					
(City)	(St	ate) (Z	Zip)		-									X Person					
		Table	I - No	n-Deriva	tive	Sec	curit	ies Ac	quired	l, Di	sposed of	, or B	enef	iciall	ly Own	ed			
Date		2. Transacti Date (Month/Day			2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)		ed (A) tr. 3, 4	or and	5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) or (D)	Pric	e	Transac (Instr. 3	tion(s)			(
Common	stock			10/26/20	022				s		52,500	D	\$5.	16(1)	14,24	49,060			See footnote <sup>(4)</sup>
Common	stock			10/27/20	022				s		35,000	D	\$5.	09(2)	0(2) 14,214,060		060 1 1 1		See footnote <sup>(4)</sup>
Common	stock		10/28/20		022	122		s		52,091	D	\$4.	.84(3)	<sup>3)</sup> 14,161,969			I	See footnote <sup>(4)</sup>	
		Tal	ble II -								oosed of, convertib				Owne	d			
1. Title of Derivative Security (Instr. 3)	rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any			Transaction of Code (Instr. Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		tr.	Reporte Transac (Instr. 4)		ve Ownersh es Form: ially Direct (D or Indirec ng (I) (Instr. ition(s)		Beneficial ) Ownership ct (Instr. 4)			
					Code	v	(4	A) (D)	Date Exerc	isable	Expiration Date		Amou or Numb of Share	er					
		Reporting Person*	<u>rs, L.</u>	<u>P.</u>							1								
(Last) 2100 MC		(First) AVE, SUITE 17(	•	ddle)		_													
(Street) DALLA	S	ТХ	752	201															
(City)		(State)	(Zip	0)		-													
		Reporting Person* thcare Partne		<u>, LLC</u>															
(Last) 2100 M0		(First) AVE, SUITE 17(		ddle)		_													
(Street) DALLA	8	ТХ	75	201															
(City)		(State)	(Zip	o)															

1. Name and Address of Reporting Person\*

<u>TOI HC I, LLC</u>

(Last) 2100 MCKINN	(First) EY AVE, SUITE	(Middle)
(Street) DALLAS	ТХ	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 \$4.94 to \$5.30, 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 (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 \$4.95 to \$5.16, 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 \$4.55 to \$5.03, 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</u> <u>Partners, L.P., by Kyle Seco,</u> <u>as attorney-in-fact</u>	<u>10/28/2022</u>
/s/ Havencrest Healthcare Partners GP, LLC, by Kyle Seco, as attorney-in-fact	<u>10/28/2022</u>
/s/ TOI HC I, LLC, by Kyle Seco, as attorney-in-fact	10/28/2022
** 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.