| SEC For | rm 4 | | | | | | | | | | | | | | | | | |
|---|--|---|---|---|--|--|--------------|--------------------------|--|--------------------|--|--|---|---|---|--|---|--|
| | FORM | UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | | | | | | | | | |
| Sectio obligat | this box if no long this box if no long the long | STATEMENT OF CHANGES IN BENEFICIAL OWNI Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 | | | | | | | | _ | HIP | Estim | OMB Number: 3235-0287 Estimated average burden hours per response: 0.5 | | | | | |
| 1. Name and Address of Reporting Person [*] Dalgleish Scott | | | | 2. Issuer Name and Ticker or Trading Symbol Oncology Institute, Inc. [TOI] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify | | | | wner | | |
| | (Last) (First) (Middle) C/O THE ONCOLOGY INSTITUTE INC. 18000 STUDEBAKER RD, SUITE 800 | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/21/2022 | | | | | | | | A below) below) Chief Financial Officer | | | | | |
| (Street) CERRITOS CA 90703 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) 03/23/2022 | | | | | | | Line | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting | | | | | |
| (City) | (5 | State) | (Zip) | | | | | | | | | | Person | | | | | |
| 1. Title of Security (Instr. 3) 2. Trans. Date (Month/I | | | | action 2A. Deemed Execution Date, | | | | | | d (A) or | or and 5) Securities Beneficially Owned Follow Reported | | • | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | Code V | | ount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | | | | |
| | | | Table II - | Derivat (e.g., p | uts, ca | ecurities alls, warr | Acq ants | uired, Dis , options, | conv | l of, o ertible | e secu | ficially rities) | Owned | | | | | |
| 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) | | ansaction de (Instr | Derivativ Securitie Acquired or Dispo of (D) (In | Derivative I | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | Amount es Security d 4) | 8. Price of Derivative Security (Instr. 5) | 9. Numb derivativ Securitie Beneficis Owned Followin Reported Transact | re es ally g d | Ownershij Form: Direct (D) or Indirect (I) (Instr. 4 | Beneficial Ownership t (Instr. 4) | |
| | | | | 60 | de V | (A) | (D) | Date Exercisable | Expirat | | itle | Amount or Number of Shares |] | (Instr. 4) | | | | |

Explanation of Responses:

\$7.09

03/21/2022

1. The stock options vest as to 1/3rd of the options granted on the second anniversary of November 12, 2021 (the "Vesting Commencement Date"), with the remaining options vesting in four equal annual installments beginning on the third anniversary of the Vesting Commencement Date, with all options becoming vested on the sixth anniversary of the Vesting Commencement Date, subject to continued service with the Company through such vesting dates.

(1)

Remarks:

Stock Option

(right to buy)

This amendment is filed to correct the number of options granted due to an administrative error in applying the grant amount calculations.

Α

| /s/ Mark Hueppelsheuser, | |
|----------------------------------|------------|
| Attorney-in-Fact for Scott | 03/29/2022 |
| Dalgleish | |
| ** Signature of Reporting Person | Date |

162,891

\$<mark>0</mark>

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D

Common

stock

03/21/2032

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.

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