FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington, D.C. 20549	
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OMB API	PROVAL
OMB Number:	3235-0287
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0.5

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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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-
defense conditions of Rule 1005-

	ee Instruction 1																		
1. Name and Address of Reporting Person* <u>Hively Brad</u>					2. Issuer Name <b>and</b> Ticker or Trading Symbol Oncology Institute, Inc. [ TOI ]									(Che	eck all app	onship of Reporting Person(s) to Issuer Il applicable)			
														/ Direc			10% Ov		
(Last) C/O THI	Last) (First) (Middle) C/O THE ONCOLOGY INSTITUTE INC.					3. Date of Earliest Transaction (Month/Day/Year) 11/22/2024										Officer (give title below)		Other (spe below)	
18000 STUDEBAKER RD, SUITE 800					If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable						
(Street) CERRITOS CA 90703													Line)  Form filed by One Reporting Person  Form filed by More than One Reporting Person						
(City)	(St	ate) (Ž	Zip)																
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or	Bene	eficia	ly Own	ed			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)				Execution			Date,		Transaction Disposed Of (D) (Instr. 3, Code (Instr. 5)				Securi Benefi Owned	Amount of curities neficially rned Following		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownershi		
									Code	v	Amount	mount (A) or (D)		Price	Transa	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)
Common stock 11/22/2					2024		A		44,000(1	)	Α	\$ <mark>0</mark>	\$0 720,2		D				
		Tal									osed of, o				/ Owne	d			
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 Expirati (Month/	ion Da	e Amour Securi Underl Deriva		lerlying ivative urity (Instr.		B. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ownersh Form: Direct (D) or Indirect (I) (Instr.	Ownership	11. Natu of Indire Benefic Owners (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	or		ount					

## **Explanation of Responses:**

1. Represents restricted stock units that vest in full on TOI, Inc.'s 2025 annual shareholder meeting date, subject to continued service with the Company through such vesting date.

## Remarks:

By: /s/ Mark Hueppelsheuser,

Attorney-in-Fact for Brad

11/25/2024

**Hively** 

\*\* 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.