FORM 4

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

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

1. Name and Address of Reporting Person\*

TOI HC I, LLC

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

7. Nature of Indirect Beneficial Ownership (Instr. 4)

See footnote(4)

See footnote(4)

See footnote(4)

11. Nature of Indirect Beneficial Ownership (Instr. 4)

Instru	ction 1(b).			Filed	d pursu	ant to	Sectio	n 16(a	) of the	Secur	ities Exchang	e Act o	f 1934							
					or S	ection	1 30(h)	of the	Investm	ent Co	ompany Act o	f 1940		- · · · · · · · · · · · · · · · · · · ·						
1. Name and Address of Reporting Person* <u>Havencrest Healthcare Partners, L.P.</u>				2. Issuer Name and Ticker or Trading Symbol Oncology Institute, Inc. [ TOI ]									Relationship of Reporting Person(s) to Issuer (Check all applicable)      Director							
Travenciest freatment Parmers, L.P.																				
(Last) (First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 11/08/2022									belov			belov				
2100 M	CKINNEY	AVE, SUITE 17	60																	
(Street)					4. If	Amer	ndment,	, Date	of Origir	nal File	ed (Month/Da	y/Year)	6. Lir		r Joint/Gro	up Fili	ng (Check	Applicable		
DALLA	S T	X 7	75201												Form filed by One Reporting Person					
												X Form filed by More than One Reporting Person								
(City)	(St	tate) (	Zip)																	
		Table	l - No	on-Deriva	ative	Sec	uritie	s Ac	quirec	l, Di	sposed of	, or B	enefici	ally Own	ed					
1. Title of	Security (Ins	tr. 3)		2. Transact Date		Exe	Deemed cution D		3. Transa		4. Securities Disposed Of	Acquir f (D) (Ins	ed (A) or str. 3, 4 and		es	Form	nership : Direct	7. Nature o		
				(Month/Day	//Year)	if an (Mo	y nth/Day	/Year)	Code ( 8)	Instr.	5)	,		Benefic Owned Reporte	Following		r Indirect str. 4)	Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) or (D)	Price	Transac (Instr. 3	ction(s)			(mou. 4)		
C	-41-			11/00/2	022						27,000	_	\$3.24	1) 12.0	(0.475		Ţ	See		
Commor	1 Stock			11/08/2	022				S		27,000	D	\$3.24	13,8	69,475		I	footnote(		
Common stock 1				11/09/2	1/09/2022				S		80,000	D	\$3.090	13,789,475		1 1 1		See footnote <sup>(</sup>		
Commor	stock			11/10/2	022				S		61,281	D	\$2.980	3) 13,7	28,194		I	See footnote(		
		Та	ble II								osed of,				d					
1. Title of	2.	3. Transaction	2A D	· · · · ·		alis,		umber	_		cisable and	7. Title and Amount of Securities		8. Price of	9. Numbe	r of	10.	11. Natu		
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	3A. Deemed Execution Date, if any			action (Instr.	ı of	vative	Expira (Mont	tion D	ate			Derivative Security	derivative Securities		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
(Instr. 3)	Price of Derivative	(wontinbay/rear)	(Mont	(Month/Day/Year)			Securities Acquired					Under	itive	(Instr. 5)	Owned	eneficially Owned		t   (Instr. 4		
	Security						(A) ( Disp of (I	osed				Security (Instr. 3 and 4)			Following Reported Transaction(	Ī	(I) (INSTR.	4)		
							(Instr. 3, 4 and 5)								(Instr. 4)					
													Amount or							
									Date		Expiration		Number of							
					Code	V	(A)	(D)	Exerc	isable	Date	Title	Shares							
		f Reporting Person		D																
Haven	crest Hea	Ithcare Partne	ers, L	<u>.P.</u>		_														
(Last)		(First)	(M	liddle)																
2100 M	CKINNEY	AVE, SUITE 17	60																	
(Ctro at)						-														
(Street)  DALLA	.S	TX	75	5201																
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(City)		(State)		ip)		_														
		f Reporting Person' Ithcare Partne		PIIC																
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2100 M	CKINNEY	AVE, SUITE 17	60																	
(Street)						-														
DALLA	.S	TX	75	5201																
(City)		(State)	(Zi	ip)		-														
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(Last) 2100 MCKINN	(First) NEY AVE, SUITE	(Middle) 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 \$3.06 to \$3.38, 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 \$2.91 to \$3.23, 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 \$2.62 to \$3.30, 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 (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:

/s/ Havencrest Healthcare
Partners, L.P., by Kyle Seco,
as attorney-in-fact
/s/ Havencrest Healthcare
Partners GP, LLC, by Kyle
Seco, as attorney-in-fact
/s/ TOI HC I, LLC, by Kyle
Seco, as attorney-in-fact
\*\* 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.