FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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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)

Instruc	ction 1(b).			Filed	d pursu	ıant	to S	ection	16(a)	of the	Secur	ities Exchang	je Act d	f 1934								
								• •				ompany Act o	of 1940	- 1-								
		f Reporting Person [*]		p								Symbol TOI				tionsnip all app	of Repor licable)	ting Pe				
Havencrest Healthcare Partners, L.P.				Oncology Institute, Inc. [TOI]									Director X 10% Owner Officer (give title Other (specify									
(Last) (First) (Middle) 2100 MCKINNEY AVE, SUITE 1760				3. Date of Earliest Transaction (Month/Day/Year) 09/27/2022										below		-	belov					
				V7/2/1/2022																		
(Street)					4. If	Am	endr	ment,	Date o	of Origin	nal File	ed (Month/Da	y/Year		ine)	idual or	Joint/Gro	up Fili	ng (Check	Applicable		
DALLA	S T	X 7	75201												Form filed by One Reporting Person							
															X	Perso	filed by M on	lore th	an One R	eporting		
(City)	(St	ate) (2	Zip)																			
		Table	l - No	on-Deriva	ative	Se	cur	ities	Acc	quired	l, Di	sposed of	, or E	Benefic	ially	Own	ed					
1. Title of	Security (Ins	tr. 3)		2. Transact Date	ion			emed tion Da	ate,	3. Transa	ction	4. Securities Disposed O				5. Amou Securitie			vnership : Direct	7. Nature of		
				(Month/Day	//Year)		if any (Month/Day/Year)		Year)	Code (Instr. 8)		5)					Following	(D) or Inc (I) (Instr.	r Indirect str. 4)	Beneficial Ownership		
										Code	v	Amount	(A) o	r Price	- 1.	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)		
						H								1.		·	· ·			See		
Common	stock			09/27/2	.022					S		14,074	D	\$4.69	9(1)	14,67	74,227		I	footnote(
Common	stock			09/28/2	022					S		12,642	D	\$4.72	2(2)	14 66	51,585		I	See		
Common	Stock			09/20/2	022							12,042		Ψ4.72		14,00	71,303		1	footnote(
Common	stock			09/29/2	022					S		21,000	D	\$4.62	2(3)	14,64	10,585		I	See footnote(
										<u> </u>	<u></u>		<u> </u>							Toomotes		
		Ia	DIE II									oosed of, convertib				Jwne	a					
1. Title of	2.	3. Transaction		eemed	4.				mber			cisable and	7. Titl			rice of	9. Number		10.	11. Natu		
Derivative Security (Instr. 3)	Conversion or Exercise Price of	Date (Month/Day/Year)	if any	ition Date, h/Day/Year)	Trans Code 8)			of Deriv Secu		Expira (Monti			Amount of Securities Underlying		Sec	ivative urity tr. 5)	derivative Securities Beneficially		Ownership Form: Direct (D)	Benefic		
(Derivative Security		(_u j/ou./	'		Acquired (A) or Disposed of (D)		ired				Derivative Security (Instr. 3 and 4)		1	(Owned Following		or Indirect	ct (Instr. 4		
)								Reported Transaction (Instr. 4)	ion(s)				
								(Instr. 3, 4 and 5)														
						ı								Amount or	1							
								(4)	(D)	Date		Expiration	T:41-	Number of								
					Code	V		(A)	(D)	Exerci	sable	Date	Title	Shares								
		f Reporting Person [*] Ithcare Partne		p																		
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(Last)		(First)	(M	liddle)																		
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(Street)						-																
DALLA	S	TX	75	5201																		
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(Street) DALLA	S	TX	75	5201																		
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(City)		(State)	(Zi	ip)																		

(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 \$4.45 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 (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 \$4.49 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 (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 \$4.35 to \$4.74, 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.