SEC Form 4	
FORM	4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

S o	heck this box if no longer subject to ection 16. Form 4 or Form 5 bligations may continue. See Istruction 1(b).
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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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL									
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	isfy the affirmative ions of Rule 10b5- uction 10.					
1. Name and Adda Podnos Yale	ress of Reporting F	Person*	2. Issuer Name <b>and</b> Ticker or Trading Symbol Oncology Institute, Inc. [ TOI ]		ationship of Reporting P k all applicable) Director Officer (give title below)	erson(s) to Issuer 10% Owner Other (specify below)
	(First) COLOGY INST BAKER RD, S		3. Date of Earliest Transaction (Month/Day/Year) 11/12/2024		Chief Medica	,
(Street) CERRITOS (City)	CA (State)	90703 (Zip)	<ul> <li>4. If Amendment, Date of Original Filed (Month/Day/Year)</li> </ul>	6. Indi Line)	vidual or Joint/Group Fil Form filed by One Re Form filed by More th Person	eporting Person

## Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code ( 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)		3, 4 and Securities Beneficially		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(11150. 4)
Common stock	11/12/2024		J		11,359(1)	D	\$ <mark>0</mark>	93,009	D	
Common stock	11/12/2024		J		17,039(2)	D	\$ <mark>0</mark>	75,970	D	

## Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

(e.g., puts, calls, warrants, options, convertible securities)

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. Transa Code ( 8)		of Deriv Secu Acqu (A) o Dispe	r osed ) r. 3, 4	6. Date Exerc Expiration Da (Month/Day/Y	ite	7. Titl Amou Secur Unde Deriv Secur 3 and	int of rities rlying ative rity (Instr.	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

1. Reflects the forfeiture of restricted earn-out shares that were unvested due to failure to meet earnout targets of the Issuer's stock price of \$12.50 per share for 20 days within any 30 consecutive trading days for the three-year period following November 12, 2021, the date of the closing of the Business Combination, subject to continued employment at such time.

2. Reflects the forfeiture of restricted earn-out shares that were unvested due to failure to meet earnout targets of the Issuer's stock price of \$15.00 per share for 20 days within any 30 consecutive trading days for the three-year period following November 12, 2021, the date of the closing of the Business Combination, subject to continued employment at such time.

Remarks:

By: /s/ Mark Hueppelsheuser, Attorney-in-Fact for Yale Podnos

11/18/2024

\*\* 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.