FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	D.C.	20549	

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 OMB Number: 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	ant t	o Se	ection	16(a)	of the	Secur	ities Exchang	e Act o	f 1934			- F		
					or S	ectio	on 30	0(h) o	f the I	nvestm	ent Co	ompany Act o	f 1940		D-1-4:		-ti D		
		f Reporting Person' Ithcare Partne		P						ite <u>, Ir</u>		Symbol TOI]			Relationshi heck all app	plicable)	_	. ,	
Havencrest Healthcare Partners, L.P.			_										Director X 10% Owner Officer (give title Other (specify						
(Last)	,	,	Middle)			ate c 12/2			Trans	saction	(Mont	h/Day/Year)			belo			belov	
2100 MC	CKINNEY .	AVE, SUITE 17	60																
(Street)					4. If	Ame	endn	nent,	Date o	of Origir	nal File	ed (Month/Da	y/Year)	6. Lir	ne)		•	•	Applicable
DALLA	S TY	Χ 7	75201												y Form	n filed by C n filed by M			
(City)	(St	ate) (Zip)												A Pers	on			
, ,,		,		on-Deriva	ative	Sec	ur	ities	Acc	uired	l. Dis	sposed of	or B	enefici	ally Own	ned			
1. Title of	Security (Ins			2. Transact		2A.	. Dec	emed		3.		4. Securities	Acquir	ed (A) or	5. Amo	unt of		nership	7. Nature o
	•	,		Date (Month/Day	//Year)	if a	ny	ion Da /Day/		Transa Code (8)		Disposed Of 5)	(D) (Ins	str. 3, 4 and	Benefic		(D) o	: Direct r Indirect str. 4)	Indirect Beneficial Ownership
						(IVIC	onun	грауг	rear)	Code	v	Amount	(A) or	Price	Reporte Transac	ed ction(s)	(") (""	su. 4)	(Instr. 4)
										Code	ľ	Amount	(D)	FIICE	(Instr. 3	and 4)	<u> </u>		~
Common	stock			09/12/2	022					S		38,000	D	\$5.52	15,0	92,329		I	See footnote(
Common stock			09/13/2	/2022				S		52,500	D	\$5.28	15,039,829				See footnote ⁽⁴		
Common	stock			09/14/2	022					S		37,785	D	\$4.99	15,0	02,044		I	See footnote(
		Та	ble II									osed of, convertib				d			
1. Title of	2.	3. Transaction		3A. Deemed			5. Number			6. Date Exercisable and		cisable and	7. Title	and	8. Price of	9. Numbe		10.	11. Natu
Derivative Security (Instr. 3)	Conversion or Exercise Price of	cise (Month/Day/Year	if any	tion Date, h/Day/Year)	Trans Code 8)			of Deriv Secu			Expiration Date (Month/Day/Year)			nt of ties lying	Derivative Security (Instr. 5)	derivativ Securitie Beneficia	s	s Form:	Benefic
(moti. 0)	Derivative Security		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Duy/10ui/	"		Acquired (A) or		iired r				Derivat Securit		(motil o)	Owned Following	g	or Indirect (I) (Instr. 4)	ct (Instr. 4
						0		Disposed of (D) (Instr. 3, 4					3 and	4)		Reported Transactio (Instr. 4)			
						_		and 5								(111511.4)			
														Amount or Number					
					Code	V		(A)	(D)	Date Exerci	isable	Expiration Date	Title	of Shares					
1. Name a	nd Address of	Reporting Person				$^{\perp}$, ,	. /									<u> </u>	
		lthcare Partne		<u>.P.</u>															
(Last)		(First)	(N	1iddle)		-													
		AVE, SUITE 17	,	iluule)															
,						_													
(Street) DALLA	S	TX	75	5201															
(City)		(State)	(Z	ip)		-													
1. Name a	nd Address of	f Reporting Person	*			\neg													
Haven	crest Heal	Ithcare Partne	ers Gl	P, LLC															
(Last)		(First)	(N	1iddle)		_													
	CKINNEY .	AVE, SUITE 17	60																
(Street)	a	TOY.		-201		_													
DALLA	8	TX	75	5201		_													
(City)		(State)	(Z	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 \$5.12 to \$5.88, 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 \$5.09 to \$5.47, 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 \$4.86 to \$5.30, 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.