FORM 4

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

Washington,	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 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							ities Exchang		f 1934							
1. Name and Address of Reporting Person*  Havencrest Healthcare Partners, L.P.				2. Issuer Name and Ticker or Trading Symbol Oncology Institute, Inc. [ TOI ]									Relationship of Reporting Person(s) to Issuer (Check all applicable)  Pirector  V. 10% Owner  10% Owner  Output  Dispersor  Disp							
(Last) (First) (Middle) 2100 MCKINNEY AVE, SUITE 1760					3. Date of Earliest Transaction (Month/Day/Year) 09/01/2022									Officer (give title below)  Director X 10% Owner  Officer (give title below)  Other (specify below)						
(Street) DALLAS TX 75201			4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)  Form filed by One Reporting Person  X Form filed by More than One Reporting Person							
(City)	(St		(Zip)																	
1. Title of Security (Instr. 3) 2. To Date			2. Transact Date (Month/Day	ion	2A. Deemed Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)		red (A) or	nd S	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
										v	Amount	(A) or (D)	Price	т	Reporte ransact Instr. 3	tion(s)			(Instr. 4)	
Common	stock			09/01/2	022			S		31,500	D	\$6.1	5(1) 15,343,711		13,712	I		See footnote(		
Common stock				09/02/2	2022				S		41,783	D	\$6.0	3(2)	15,30	1,929			See footnote <sup>(</sup>	
Common stock			09/06/2	.022				S		84,200	D	\$5.9	1(3)	15,217,729		7,729 I		See footnote(		
		Та	ble II								osed of, convertib				wne	t				
1. Title of Derivative Security (Instr. 3)  2. Conversio or Exercis or Exercis Price of Derivative Security		3. Transaction Date (Month/Day/Year)	Execu	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)		e Exer ation D h/Day/		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Deriv Secu (Inst		9. Number derivative Securitie Beneficia Owned Following Reported Transacti (Instr. 4)	e s ally g	10. Ownersh Form: Direct (D or Indired (I) (Instr.	Benefic Owners ct (Instr. 4	
				Code	Code V (A) (D)		Date Expirat Exercisable Date		Expiration Date	Title	Amount or Number of Shares	1								
		f Reporting Person Ithcare Partne		. <u>P.</u>																
(Last) 2100 M	CKINNEY	(First) AVE, SUITE 17	•	/liddle)																
(Street)  DALLA	S	TX	75	5201																
(City)		(State)	(Z	lip)		_														
		f Reporting Person  Ithcare Partne		P, LLC																
(Last) 2100 M	CKINNEY	(First) AVE, SUITE 17	•	/liddle)		_														
(Street)  DALLA	S	TX	75	5201		_														
(City)		(State)	(Z	lip)																

(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 \$6.00 to \$6.38, 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 \$5.91 to \$6.21, 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 \$5.65 to \$6.27, 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.

- $^{\star}$  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.