SEC Form 4	
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## FORM 4

(State)

(Zip)

(City)

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL							
MB Number:	3235-0287						

Filed pursuant t	o Section	16(a) of the	Securities	Exchange Act of 19	34

to Sec obligation	this box if no lo tion 16. Form 4 ions may conti tion 1(b).	or Form 5	STA		l pursu	ant t	o Sectio	n 16(a	) of the	Secur	NEFICIA	e Act of		ERS	SHIP	Est		ber: average bu esponse:	3235-0287 rden 0.5
1. Name and Address of Reporting Person* <u>Havencrest Healthcare Partners, L.P.</u>				2. Is	Oncology Institute, Inc. [ TOI ] (Check all applicable)									licable)	,				
(Last) (First) (Middle)						Birector X 10% Owner   3. Date of Earliest Transaction (Month/Day/Year) Officer (give title below) Other (specify below)										r (specify			
2100 MG	CKINNEY .	AVE, SUITE 17	60		4. lf	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													
(Street) DALLA	S TY	Κ 7	5201											Х	Form	filed by N		an One R	
(City)	(St	ate) (2	Zip)		Ru	le	10b5	-1(c)	Trar	ารลด	ction Indi	icatio	n						
											isaction was m tions of Rule 10					uction or w	ritten pla	an that is ir	itended to
		Table	I - No	on-Deriva	ative	Sec	curitie	s Aco	quirec	l, Di	sposed of	, or B	enefi	ciall	y Own	ed			
1. Title of	D		2. Transact Date (Month/Day		Ex if a	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)			s Acquired (A) f (D) (Instr. 3, 4		4 and Securit Benefic		es ally <sup>-</sup> ollowing	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	9	Transac (Instr. 3	tion(s)	<u> </u>		
Common	stock			01/19/2	024				S		11,986	D	\$2.	13(1)	68,	014		Ι	See footnote <sup>(4)</sup>
Common	stock			01/22/2	024				S		10,263	D	\$2.1	12(2)	57,	751	51 I See footnote		See footnote <sup>(4)</sup>
Common	stock			01/23/2	024				S		5,338	D	\$2.	11(3)	52,	413		Ι	See footnote <sup>(4)</sup>
Common stock												8,801,823				See footnote <sup>(5)</sup>			
		Tal	ble II ·								oosed of, o convertib				Owne	b			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	eemed tion Date, h/Day/Year)	4. Trans Code 8)		on of r. Der Sec (A) Dis of (I (Ins	5. Number 6. Date Exercisable an		ate	nd 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		8. Price of Derivative Security (Instr. 5) str.		9. Numb derivativ Securitie Benefici Owned Followin Reporter Transact (Instr. 4)	ive Owne des Form: cially Direct or Ind ing (I) (Ins ed ction(s)		Beneficial Ownership t (Instr. 4)	
					Code	v	(A)	(D)	Date	isable	Expiration Date		Amour or Numbe of Shares	ər					
	erest Heal	Reporting Person <sup>*</sup>	e <u>rs, L</u> .	. <u>P.</u> iddle)		_										<u> </u>		<u> </u>	
2100 MG	CKINNEY .	AVE, SUITE 17	60			_													
(Street) DALLA	S	TX	75	5201															
(City)		(State)	(Zi	p)															
		Reporting Person*		<u>P, LLC</u>															
(Last) 2100 M0		(First)	(M	iddle)		-													
	CKINNEY	AVE, SUITE 17	60																

1. Name and Address of Reporting Person* <u>TOI HC I, LLC</u>								
(Last) 2100 MCKINNE	(First) Y AVE, SUITE	(Middle)						
(Street) DALLAS	ТХ	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 \$2.10 to \$2.19, inclusive. The reporting person undertakes to provide The Oncology Institute, Inc. (the "Issuer"), any security holder of the Issuer, or the staff of the Securities and Exchange Commission ("SEC"), 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 \$2.08 to \$2.19, inclusive. The reporting person undertakes to provide the Issuer, any security holder of the Issuer, or the staff of the SEC, 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 \$2.08 to \$2.16, inclusive. The reporting person undertakes to provide the Issuer, any security holder of the Issuer, or the staff of the SEC, 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. Havencrest Healthcare Partners GP, LLC (the "General Partner") is the record holder of these shares of the Issuer's common stock.

5. TOI HC I, LLC is the record holder of these 8,801,823 shares of the Issuer's common stock. Havencrest Healthcare Partners, L.P. may be deemed to have beneficial ownership of the shares directly held by TOI HC I, LLC. The General Partner controls Havencrest Healthcare Partners, L.P.

## **Remarks:**

Each reporting person disclaims beneficial ownership of the reported securities except to the extent of such reporting person's pecuniary interest therein.

/s/ Havencrest Healthcare Partners, L.P., by Matthew Shofner, Vice President, 01/23/2024 Secretary and Treasurer of the **General Partner** /s/ Havencrest Healthcare Partners GP, LLC, by Matthew Shofner, Vice 01/23/2024 President, Secretary and Treasurer /s/ TOI HC I, LLC, by 01/23/2024 Matthew Shofner, Manager \*\* 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.