(City)

(State)

1. Name and Address of Reporting Person\*

TOI HC I, LLC

(Zip)

FORM 4

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

shington, 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 Instruction 1(b).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

											mpany Act o									
1. Name and Address of Reporting Person* <u>Havencrest Healthcare Partners, L.P.</u>					2. Issuer Name and Ticker or Trading Symbol Oncology Institute, Inc. [ TOI ]								Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director X 10% Owner							
(Last) (First) (Middle) 2100 MCKINNEY AVE, SUITE 1760					3. Date of Earliest Transaction (Month/Day/Year) 10/31/2022									Officer (give title Other (specify below) below)						
(Street) DALLAS TX 75201				4. If <i>i</i>	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) (State) (Zip)																				
		Table	I - No		_				quired	l, Dis	posed of				/ Own	ed				
Date			2. Transact Date (Month/Day		Exec if an	A. Deemed Execution Date, f any Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired ( Disposed Of (D) (Instr. 3 5)			and Securitie Benefici		es ally following	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	- 1	Transaction(s) (Instr. 3 and 4)				(111341. 4)		
Common	stock			10/31/2	′2022				S		41,855	D	\$4.6	9(1)	14,120,114			I	See footnote <sup>(4)</sup>	
Common stock				11/01/2022				S		50,272	D	\$4.2	6(2)	14,069,842			I	See footnote <sup>(4)</sup>		
Common stock			11/02/2022				S		58,500	D	\$3.9	4(3)	(3) 14,011,342		I		See footnote <sup>(4)</sup>			
		Tal	ble II								osed of, convertib				Owned	t				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execu if any	Execution Date, if any		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercis Expiration Date (Month/Day/Ye		7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		Dei Sed (Ins	rivative de curity Se str. 5) Be Ov Fo Re	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s illy	10. Ownersh Form: Direct (D or Indirec (I) (Instr.	Beneficial Ownership ct (Instr. 4)	
						v	(A)	(D)	Date Exerci	sable	Expiration Date		Amount or Number of Shares	er						
		f Reporting Person* Ithcare Partne	ers, L	<u>.P.</u>																
(Last) (First) (Middle) 2100 MCKINNEY AVE, SUITE 1760																				
(Street)	S	TX	75	5201																
(City) (State) (Zip)																				
		f Reporting Person* Ithcare Partne		P, LLC																
(Last) (First) (Middle) 2100 MCKINNEY AVE, SUITE 1760		liddle)																		
(Street)	S	TX	75	5201																

(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 \$4.46 to \$4.83, 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 \$4.08 to \$4.69, 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 \$3.75 to \$4.17, 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.