SEC Form 4	
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FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

OMB Number:	3235-0287								
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

1. Name and Address of Reporting Person				2. Issuer Name and Ticker or Trading Symbol Oncology Institute, Inc. [TOI]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
Hively Brad			<u>ology mstitute</u>	<u>, me</u>		51]	X	Director	10% (Owner				
(Last)	(First)	(Middle)		e of Earliest Transac	ction (M	onth/D	ay/Year)	X	Officer (give title below)	Other below	(specify)			
C/O THE ONC	COLOGY INST	03/1	//2023					Chief Executive Officer						
18000 STUDE	BAKER RD, S	4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)							X	X Form filed by One Reporting Person						
CERRITOS	CA	90703							Form filed by Mor Person	e than One Rep	orting			
(City)	(State)	(Zip)	Rul	e 10b5-1(c) 1	Frans	acti	on Indicat							
				Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.										
		Table I - No	n-Derivative	Securities Acq	uired,	Dis	posed of, o	r Bene	ficially	Owned				
1. Title of Security (Instr. 3) Date (Month/L				Execution Date,		action (Instr.	4. Securities A Disposed Of (5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
				Code V		Amount (A) or (D) P		Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)			
Common stock		03/17/2023		A		168,512(1)	A	\$0 ⁽¹⁾	724,182	D				
		Table II -		ecurities Acqui alls, warrants,						wned	*	*		

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)		5. Number Derivative Securities Acquired or Dispo of (D) (In 3, 4 and	ative Expiration Date rities (Month/Day/Year) ired (A) sposed (Instr.		and 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	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		Transaction(s) (Instr. 4)		
Non- Qualified Stock Option (right to buy)	\$0.481	03/17/2023		А		421,280		(2)	03/17/2033	Common stock	421,280	\$0	421,280	D	

Explanation of Responses:

1. Represents RSUs with 1/4th of the RSUs vesting on the anniversary of March 17, 2023 (the Vesting Commencement Date), with the remaining RSUs vesting in three equal annual installments beginning on the first anniversary of the Vesting Commencement Date, subject to continued service with the Company through such vesting dates.

2. The stock options vest as to 1/4th of the options granted on the first anniversary of the Vesting Commencement Date, with the remaining options vesting in four equal annual installments beginning on the first anniversary of the Vesting Commencement Date, subject to continued service with the Company through such vesting dates.

Remarks:

<u>/s/ Mark Hueppelsheuser,</u> <u>Attorney-in-Fact for Brad</u>

Attorney-in-Fact for Brad Hively ** Signature of Reporting Person

Date

03/21/2023

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.