FORM 4

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

Washington,	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

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	pursu	ant to	o Se	ction	16(a)	of the	Secur	ities Exchang	e Act o	f 1934					
1. Name and Address of Reporting Person*  Havencrest Healthcare Partners, L.P.  (Last) (First) (Middle)  2100 MCKINNEY AVE, SUITE 1760  (Street)  DALLAS TX 75201			<u>.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							
					3. Date of Earliest Transaction (Month/Day/Year) 11/03/2022										er (give titl			r (specify	
			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	ate) (2	Zip)																
			I - No	ı		_			Acc	_	l, Dis	sposed of	-		<del></del>			1	- 11 /
1. Title of Security (Instr. 3)			2. Transacti Date (Month/Day		Exe if a	A. Deemed xecution Date, any Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)		ed (A) or etr. 3, 4 and	Securit Benefic Owned	5. Amount of Securities Beneficially Owned Following Reported		nership : Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
										Code	v	Amount	(A) or (D)	Price	Transad (Instr. 3	ction(s) and 4)			, ,
Common stock				11/03/20	022					S		45,500	D	\$3.58	(1) 13,9	65,842		I	See footnote(
Common stock			11/04/2	022			S		50,200	D	\$3.39	13,915,642				See footnote(			
Common	stock			11/07/2	022					S		19,167	D	\$3.28	(3) 13,8	96,475		I	See footnote(
		Та	ble II ·									osed of, o				d			
Security or Exercis (Instr. 3) Price of	Conversion or Exercise Price of Derivative	ion Date ise (Month/Day/Year) if a		eemed ition Date, h/Day/Year)	4. Transactio Code (Inst 8)				6. Date Exercis Expiration Date (Month/Day/Ye		ate	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numb derivativ Securitie Beneficia Owned Followin Reported Transact (Instr. 4)	Owners Form: Direct ( or Indir		Benefic Owners ct (Instr. 4	
					Code	v	(	(A)	(D)	Date Exerci	sable	Expiration Date	Title	Amount or Number of Shares					
		f Reporting Person <sup>*</sup> Ithcare Partne		<u>.P.</u>															
(Last) 2100 M	CKINNEY	(First) AVE, SUITE 17	•	liddle)															
(Street)  DALLA	S	TX	75	5201															
(City)		(State)	(Zi	ip)															
		f Reporting Person*  Ithcare Partne		P, LLC															
(Last) 2100 M	CKINNEY	(First) AVE, SUITE 17		liddle)															
(Street)  DALLA	S	TX	75	5201															
(City)		(State)	(Zi	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 \$3.46 to \$3.85, 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 \$3.25 to \$3.57, 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 \$3.21 to \$3.39, 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.