SEC Form 4	
FORM	4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL										
OMB Number:	3235-0287									
Estimated average	burden									

Estimated average burden	
hours per response:	0.5

1. Name and Address of Reporting Person*		on*	2. Issuer Name and Ticker or Trading Symbol Oncology Institute, Inc. [TOI]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Podnos Yale					Director	10% Owner			
				v	Officer (give title below)	Other (specify below)			
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year)		,	,			
C/O THE ONCOLOGY INSTITUTE INC.		JTE INC.	11/20/2024		Chief Medical Officer				
18000 STUDEBAKER RD, SUITE 800		TE 800							
			4. If Amendment, Date of Original Filed (Month/Day/Year)		idual or Joint/Group Filir	ng (Check Applicable			
(Street)				Line)					
CERRITOS	CA	90703		1	Form filed by One Rep	U U			
					Form filed by More that Person	an One Reporting			
(City)	(State)	(Zip)							

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (A. Securities Disposed Of de (Instr.				5. Amount of Securities Beneficially Owned Following Reported	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	Transaction(s) (Instr. 3 and 4)		(1130.4)
Common stock	11/20/2024		D		1,709(1)	D	\$ 0.136 ⁽²⁾	74,261	D	
Common stock	11/20/2024		D		267(1)	D	\$ 0.135 ⁽²⁾	73,994	D	
Common stock	11/20/2024		D		1,026 ⁽¹⁾	D	\$0 .136 ⁽²⁾	72,968	D	

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

	(
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)		of		6. Date Exercisable and Expiration Date (Month/Day/Year)		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 Transaction(s) (Instr. 4)	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				

Explanation of Responses:

1. The sales reported in this Form 4 were effected to cover tax withholding obligations in connection with the vesting of restricted stock units (RSUs) pursuant to a sell-to-cover provision included in the RSU Agreement.

2. Price is the volume weighted average selling price of all sales by the Reporting Person on November 20, 2024 within a one-dollar range. Actual prices ranged from \$0.135 to \$0.168. The Reporting Person hereby undertakes to provide upon request of the Commission staff full information regarding the number of shares sold at each separate price.

Remarks:

 By: /s/ Mark Hueppelsheuser,

 Attorney-in-Fact for Yale
 11/21/2024

Podnos

** 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.