## FORM 4

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

Washington,	D.C.	20549	
rusinington,	D.O.	20040	

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

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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

1. Name and Address of Reporting Person* <u>Hively Brad</u>					2. Issuer Name and Ticker or Trading Symbol Oncology Institute, Inc. [ TOI ]								Check	ionship of Reportir all applicable) Director		10% O		vner
(Last) (First) (Middle) C/O THE ONCOLOGY INSTITUTE INC. 18000 STUDEBAKER RD, SUITE 800				1	3. Date of Earliest Transaction (Month/Day/Year) 11/17/2022									X Officer (give title below) Other (sp below)  Chief Executive Officer				
(Street) CERRIT (City)			90703 (Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year)						. Indivi ine) X	vidual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person						
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
Date			2. Transact Date (Month/Day	Execution Date,		3. Transaction Code (Instr. ) 8)  4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4)						s Form lly (D) collowing (I) (II		: Direct Indirect Istr. 4)	7. Nature of Indirect Beneficial Ownership			
						Code	v	Amount	(A) c (D)	Price			on(s)			(Instr. 4)		
Common Stock 11/17				11/17/2	/2022 A 103,469 A S		\$0.	0(1)	555,670			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 Dat if any (Month/Day/Ye	Code	5. Number Derivative Securities Acquired or Dispos of (D) (Ins 3, 4 and 5		rative rities ired (A) sposed ) (Instr.		Date	te of Securities		ties ig e Security	D S	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficial Owned Following Reported	ve es ally ng d	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	. v	(A)	(D)	Date Exercisab		Expiration Date	Title	Amount or Number of Share	.		Transaction(s) (Instr. 4)		3)	
Non- Qualified Stock Option (right to	\$1.87	11/17/2022		A		525,188		(2)	1	1/17/2032	Common Stock	525,18	38	\$0.0	525,18	8	D	

## Explanation of Responses:

- 1. Represents RSUs with 1/4th of the RSUs vesting on the anniversary of November 17, 2022 (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, with all options becoming vested on the fourth anniversary of the Vesting Commencement Date, subject to continued service with the Company through such vesting dates.

<u>By: Mark Hueppelsheuser For:</u> Bra<u>d Hively</u>

11/21/2022

\*\* 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.