FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Name and Address of Reporting Person* Podnos Yale						2. Issuer Name and Ticker or Trading Symbol Oncology Institute, Inc. [TOI]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last)	•	irst)	(Middle) E INC.			3. Date of Earliest Transaction (Month/Day/Year) 05/21/2024								X	below)	(give title	lical (Other (s below) Officer	specify
18000 STUDEBAKER RD, SUITE 800					4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) CERRIT	ros c	A	90703											X		led by Mor		orting Person One Repo	
(City) (State) (Zip)					R	Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to													
									defense co							n or written	pian tn	at is intende	o to
		Tab	ole I - Nor	n-Deriv	vativ	e Se	curities	s Ac	quired,	Dis	posed c	of, or Be	enefic	ially	Owned				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					Execution Date,			3. Transaction Code (Instr. 8) 8 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)				4 and Securitie Benefici Owned F		es For ally (D) Following (I)		vnership n: Direct r Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	ınt (A) or (D)		ice	Transact	eported ransaction(s) nstr. 3 and 4)			(Instr. 4)	
Common Stock 05/2					21/202	A 17,530 ⁽¹⁾ A		. \$	0.0	0 104,368			D						
			Table II -						uired, D , option						wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution I if any (Month/Day	Date,	4. Transa Code (8)				6. Date Exercisa Expiration Date (Month/Day/Yea)	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		[s. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transaction (Instr. 4)	e C S Illy C C	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	Amor or Numl of Share	ber					
Non- Qualified Stock Option (right to	\$2	05/21/2024			Α		43,825		(2)	C	05/21/2034	Common Stock	43,8	25	\$0.0	43,82:	5	D	

Explanation of Responses:

- 1. Represents RSUs with 1/4th of the RSUs vesting on the first anniversary of the Vesting Commencement Date, with the remaining RSUs vesting in three equal annual installments beginning on the first anniversary of the Vesting Commencement Date, with all RSUs becoming vested on the fourth anniversary of the Vesting Commencement Date, subject to continued service with the Company through such
- 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 three 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.

By: Mark Hueppelsheuser,

Attorney-in-Fact For: Yale

Podnos

** Signature of Reporting Person Date

05/23/2024

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.