SEC Form 4

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to Sec	this box if no le tion 16. Form 4 tions may conti	ATEMENT OF CHANGES IN BENEFICIAL OWNE											SHIP	Est	OMB Number: 3235-0287 Estimated average burden hours per response: 0.5					
Instruc	tion 1(b).	tion 16(a) of the Securities Exchange Act of 1934 h) of the Investment Company Act of 1940																		
						2. Issuer Name and Ticker or Trading Symbol Oncology Institute, Inc. [TOI]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner Officer (give title Other (specify below) below)					
(Last) (First) (Middle) 18000 STUDEBAKER ROAD SUITE 800						3. Date of Earliest Transaction (Month/Day/Year) 05/11/2022														
SUITE 8	300				4. lf	Amen	Idmen	, Date	of Origi	nal Fil	ed (Month/Da	y/Year))		ndividual or	r Joint/Gro	oup Fili	ng (Check	Applicable	
(Street) CERRIT												Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person								
(City)	(City) (State) (Zip)																			
		Table	I - No	on-Deriva	ative	Secu	uritie	s Ac	quire	d, Di	sposed of	, or E	Bene	ficia	ally Own	ed				
1. Title of	2. Transacti Date (Month/Day		Exec if any	. Deemed ecution Date, ny onth/Day/Year)		3. Transaction Code (Instr. 8)					and Securitie Benefici Owned F		es ally Following	Form (D) o	vnership n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership				
							Code	v	Amount	(A) ((D)	^{pr} Pi	rice	 Reported Transaction(s) (Instr. 3 and 4) 				(Instr. 4)			
Class A Common Stock 05/11/20						22			s		1,346,565	D		\$6 6,295		5,688		I	See footnote ⁽¹⁾	
Class A Common Stock 05/11/2022						2		s		253,435	D \$6		\$ <mark>6</mark>	253,436				See footnote ⁽²⁾		
		Tal	ble II								oosed of, o convertib					d				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execu if any	eemed Ition Date,	4. Trans		5. Number of		1		cisable and Date	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Numb derivativ Securitie Benefici. Owned Followin Reported Transact (Instr. 4)	ve es ally g d tion(s)	10. Ownersh Form: Direct (D) or Indirec (I) (Instr.)	Beneficial Ownership t (Instr. 4)	
							Τ						Amo or							
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Num of Shar							
	nd Address or iian Richy	f Reporting Person [*]											<u> </u>			I		1	_	
(Last) (First) (Mic 18000 STUDEBAKER ROAD SUITE 800				liddle)																
(Street) CERRITOS CA 9070)703																
(City) (State) (Zip)				ip)																
	nd Address of Holdings	f Reporting Person [*] 5, <u>Inc.</u>																		
(Last) (First) (Middle) 18000 STUDEBAKER ROAD SUITE 800																				

Explanation of Responses:

CA

(State)

(Street) CERRITOS

(City)

1. Held directly by Jimmy Holdings, Inc. and indirectly by Richy Agajanian, the sole holder of all of the outstanding capital stock of Jimmy Holdings, Inc.

90703

(Zip)

2. Held by Agajanian Holdings LLC. The membership interests of Agajanian Holdings LLC are held by three trusts each of which Richy Agajanian is a trustee or co-trustee and in such capacity has or shares voting and dispositive authority. The reporting persons disclaim beneficial ownership of these securities except to extent of Richy Agajanian's pecuniary interest as a result of being a beneficiary of

 /s/ Richy Agajanian, M.D.,

 Richy Agajanian, M.D., for

 himself and as the President
 05/13/2022

 and Chief Executive Officer of

 Jimmy Holdings, Inc.

 ** 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.