FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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Washington, D.C. 20549	OMB APPROVAL			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-0287		

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

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 10b5Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OIMB APP	RUVAL					
OMB Number:	3235-0287					
Estimated average	verage burden					
hours per response:	0.5					

Name and Address of Reporting Person* Hively Brad					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) (First) (Middle) C/O THE ONCOLOGY INSTITUTE INC.						3. Date of Earliest Transaction (Month/Day/Year) 11/12/2024									Office below	er (give title v)		Other (below)	specify
18000 STUDEBAKER RD, SUITE 800 (Street) CERRITOS CA 90703					4. If A	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 Form filed by More than One Reporting Person						
(City)	(St	, ,	Zip)																
			I - No			_				Dis	posed of	-			_				
Date			Date	ate //onth/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8) 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)				3, 4 and Secur Benef Owne		cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	m: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount	(A) (D)		Price		ction(s) 3 and 4)			(IIISU. 4)	
Common	stock			11/12/2	2024				J		353,450	0 D) {	\$ <mark>0</mark>	366	366,753(1)		D	
Common	stock			11/26/2	2024				P		250,000	A	١	\$0.17	616	5,753(2)		D	
Common	stock			12/02/2	2024				P		50,000	A	A	\$0.15	0.15 666,753 ⁽²⁾			D	
		Tal									osed of, convertib				/ Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed ion Date, /Day/Year)	4. Transa Code (8)				6. Date Expirati (Month/	ion Da		7. Title and Amount of Securities Underlying Derivative Security (In 3 and 4)			. Price of Perivative Pecurity nstr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Natur of Indired Beneficia Ownersh (Instr. 4)
						v	V (A) (D)		Date Exercisable		Expiration Date	Amou or Numb of Title Share		ber					

Explanation of Responses:

1. Reflects the forfeiture of restricted earn-out shares that were unvested due to failure to meet earnout targets of the Issuer's stock price of \$12.50 and \$15.00 per share for 20 days within any 30 consecutive trading days for the three-year period following November 12, 2021, the date of the closing of the Business Combination, subject to continued employment at such time.

2. 44,000 being restricted stock units that vest in full on the date of the Company's 2025 annual meeting of stockholders, subject to continued service with the Company through such vesting date.

Remarks:

By: /s/ Mark Hueppelsheuser, Attorney-in-Fact for Brad <u>Hively</u>

** Signature of Reporting Person

12/02/2024

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.