FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington,	D.C. 20549		

OMB APPROVAL									
OMB Number:	3235-0287								
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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

1(c). S	ee Instruction 1	0.																	
Name and Address of Reporting Person*     Ling Gabriel				2. Issuer Name and Ticker or Trading Symbol Oncology Institute, Inc. [ TOI ]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
											✓ Dire			10% Ov					
(Last) (First) (Middle) C/O THE ONCOLOGY INSTITUTE, INC. 18000 STUDEBAKER ROAD, SUITE 800				3. Date of Earliest Transaction (Month/Day/Year) 11/22/2024								Offic belo	icer (give title low)		Other (s	specify			
18000 3	IODEDAK	ER ROAD, SUI	1E 800		4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable						
(Street)	OS CA	A 9	0703											Lir	▼ Form	n filed by On n filed by Mo on		•	
(City)	(St	ate) (Ž	Zip)																
		Table	I - Non-	-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or	Ben	efici	ally Owr	ned			
1. Title of Security (Instr. 3)  2. Transact Date (Month/Date)				Execution Date,		Date,	3. Transaction Code (Instr. 8)  4. Securities Acquired (ADISPOSE OF (D) (Instr. 3D)				nd Secur Benef Owne	ities For icially (D) d Following (I) (		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership				
							Code	v	Amount	(A (D	A) or D)	Price		action(s) 3 and 4)	ion(s)		(Instr. 4)		
Common	stock			11/22/2	2024		A		40,000(1	1) A		\$(	) 10	109,057		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)	Derivative Conversion Date Execution Date, Gecurity or Exercise (Month/Day/Year) if any			4. Transaction Code (Instr. 8) 5. Numbe of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		rative rities ired r osed )	6. Date Exercisable and Expiration Date (Month/Day/Year)  (Month/Day/Year)  (Month/Day/Year)  Securi Under Deriva Securi 3 and 4			ount of urities erlying vative urity (l	,	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	e Constant of the constant of	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	or Nur of	ount nber ires					

## **Explanation of Responses:**

1. Represents restricted stock units that vest in full on TOI, Inc.'s 2025 annual shareholder meeting date, subject to continued service with the Company through such vesting date.

## Remarks:

/s/ Mark Hueppelsheuser,

Attorney-in-Fact for Gabriel 11/25/2024

Ling

\*\* 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.