FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## OMB APPROVAL OMB Number: 32350104 Estimated average burden hours per response: 0.5

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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* Schonherz Todd			2. Date of Event Requiring Statement (Month/Day/Year) 09/20/2023  3. Issuer Name and Ticker or Trading Symbol American Oncology Network, Inc. [ AONC ]							
(Last) (First) (Middle) 14543 GLOBAL PARKWAY				4. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner			5. If Amendment, Date of Original Filed (Month/Day/Year)			
(Street) FORT MEYERS (City)	FL (State)	33913 (Zip)			X Officer (give title below)  Chief Executive	Other (specify below)		6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting Person		
Table I - Non-Derivative Securities Beneficially Owned										
1. Title of Security (Instr. 4)					2. Amount of Securities Beneficially Owned (Instr.	3. Own		4. Nature of Indirect Beneficial Ownership (Instr. 5)		
					4)	(D) or li (I) (Inst				
Class B Con	nmon Stock				•		r. 5)	Via Sch	honherz F	amily Trust
Class B Con	nmon Stock			erivative	4)	(i) (Insti	r. 5) [ ned		nonherz F	amily Trust
	nmon Stock	(e.g.		perivative s, warrar	869,459 Securities Beneficiants, options, converti	(I) (Inst	r. 5) [ ned	5. sion Ov		6. Nature of Indirect Beneficial Ownership (Instr. 5)

**Explanation of Responses:** 

/s/ Todd Schonherz

09/20/2023

\*\* 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 5 (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.