Instruction 1(b).

FORM 4

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

Machinatan	D C	20540	
Nashington,	D.C.	20049	

Check this box if no longer subject to Section 16. Form 4 or Form 5	STATEMENT
obligations may continue. See	

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number: 3235-0287

Estimated average burden hours per response: 0.5

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*				2. Issuer Name <b>and</b> Ticker or Trading Symbol American Oncology Network, Inc. [ AONC								Relationship of Reporting Person(s) to Issuer     (Check all applicable)							
<u>Divers Stephen</u>					$\frac{\Delta n}{1}$	American Oncology Network, Inc. [ AONC								X Dire	ctor		10% Own		ner
(Last)	(Fir	,	Middle	2)		3. Date of Earliest Transaction (Month/Day/Year) 01/05/2024								X Officer (give title Other (specification)  Chief Medical Officer					pecify
SUITE 1						4. If Amendment, Date of Original Filed (Month/Day/Year) 01/08/2024								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) FORT M	IYERS FL	, 3	3913											X Form filed by One Reporting Person  Form filed by More than One Reporting  Person					
(City) (State) (Zip)				Ru	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 satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.												
		Table	I - N	lon-Deriva	tive	Secu	rities	Ac	quire	ed, D	isposed o	f, or E	Benefic	ially Owr	ed				
,		2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)					4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount (A) or (D)		Price	Reported Transactio (Instr. 3 an				(Instr. 4)		
Class A (	Common St	ock <sup>(1)</sup>		01/05/202	24				F		3,369	D	\$6.1	6,52	4	4 D			
Class A (	Common St	ock												37,49	37,499 I Divers Investm LLC			stments,	
Class B C	Common Sto	ock											63,8.	57	7 I		Stephen G. Divers, M.D., Trustee FBO Fred Divers Family Trust		
	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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Exec if any	Deemed cution Date,	4. Transa	4. 5. Number of Derivative		mber ative ities ired sed	6. Di Expi (Moi		ercisable and Date	able and 7. Title and Amount of		8. Price of Derivative Security (Instr. 5)	deriva Secur Benef Owne Follov Repor	ities icially d ving ted action(s)	10. Owner Form: Direct or Indi (I) (Ins	(D)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code V (A) (D) Date Exercisable				Expiration e Date	Title	or Number of Shares								

## Explanation of Responses:

1. Shares withheld in connection with the payment of taxes applicable to the grant of 9,893 shares of Class A Common Stock previously reported on a Form 4 filed on January 5, 2024, amended as of January 8, 2024, and amended as of January 19, 2024.

## Remarks:

Amended for the inclusion of Divers Investments, LLC holdings of 37,499 shares of Class A Common Stock

<u>Greg Imbrogno, attorney-in-fact</u> <u>01/22/2024</u>

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.