SEC Form 3 FORM 3

UNITED STATES SECURITIES AND EXCHANGE

COMMISSION Washington, D.C. 20549

OMB APPROVAL

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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 <u>HealthQuest Tactical</u> <u>Opportunities Fund, L.P.</u>	Requirin	g Statement Day/Year)	3. Issuer Name and Ticker or Trading Symbol American Oncology Network, Inc. [AONC]						
(Last) (First) (Middle) 555 TWIN DOLPHIN DRIVE SUITE 370			4. Relationship of Repor Issuer (Check all applicable) Director Officer (give title below)	ting X		wner	Fileo 6. In	d (Month/Day/ dividual or Joi eck Applicable	nt/Group Filing
(Street) REDWOOD CITY CA 94065							x	Person	by More than One
(City) (State) (Zip)	Table I N								
Iable I - Non-Deriva 1. Title of Security (Instr. 4)		on-Deriva	2. Amount of Securities Beneficially Owned (Instr. 4) 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)									
1. Title of Derivative Security (Instr. 4)	2. Date Exerc Expiration D (Month/Day/	ate	3. Title and Amount of S Underlying Derivative S (Instr. 4)			4. Conversion or Exercise Price of Derivative Security 5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) 6. Nature of Beneficial Ownership (Instr 5)		Indirect Beneficial	
	Date Exercisable	Expiration Date	Title	Nu	nount or Imber of ares			or Indirect	5)
Series A Preferred Stock	(1)	(1)	Class A Common Stock	2,0	046,775	10(1)	D ⁽²⁾	
1. Name and Address of Reporting Person HealthQuest Tactical Oppor L.P.		<u>nd,</u>							
(Last) (First) 555 TWIN DOLPHIN DRIVE SUITE 370	(Middle)								
(Street) REDWOOD CITY CA	94065								
(City) (State)	(Zip)								
1. Name and Address of Reporting Person HealthQuest TOF Managen									
(Last) (First) 555 TWIN DOLPHIN DRIVE SUITE 370	(Middle)								
(Street) REDWOOD CITY	94065								

(City)	(State)	(Zip)					
1. Name and Address of Reporting Person [*] Kong Garheng							
	(First) QUEST CAPITAL LPHIN DRIVE, SI	(Middle)					
(Street) REDWOOD	CA	94065					
CITY (City)	(State)	(Zip)					

Explanation of Responses:

1. Each share of the Series A Preferred Stock is convertible into shares of Class A Common Stock of the Issuer at any time, at the Reporting Person's election. The number of shares of the Issuer's Class A Common Stock received upon conversion of a share of Series A Preferred Stock equals the quotient of (A) the sum of (i) the original issue price of \$10.00, as adjusted for any stock split, stock dividend, combination, or other recapitalization or reclassification effected after September 20, 2023, and (ii) any accrued and unpaid dividends on such share, divided by (B) an initial conversion price of \$10.00, which is subject to certain anti-dilution adjustments. The Series A Preferred Stock is perpetual and therefore has no expiration date.

2. The shares are held directly by HealthQuest Tactical Opportunities Fund, L.P. ("HealthQuest Tactical Opportunities"). HealthQuest TOF Management, L.L.C. ("HealthQuest TOF Management") is HealthQuest Tactical Opportunities' general partner, and Dr. Garheng Kong is HealthQuest TOF Management's managing member. HealthQuest TOF Management and Dr. Kong may be deemed to have sole voting and dispositive power over the shares held by HealthQuest Tactical Opportunities. HealthQuest TOF Management and Dr. Kong disclaim beneficial ownership of all shares of common stock owned by HealthQuest Tactical Opportunities except to the extent of any pecuniary interest therein.

<u>/s/ Garheng Kong, as</u> <u>Managing Member of</u> <u>HealthQuest TOF</u> <u>Management, L.L.C.,</u> <u>general partner of</u> <u>HealthQuest Tactical</u> <u>Opportunities Fund, L.P.</u>	<u>11/09/2023</u>
/s/ Garheng Kong, as <u>Managing Member of</u> <u>HealthQuest TOF</u> <u>Management, L.L.C.</u>	<u>11/09/2023</u>
<u>/s/ Garheng Kong</u> ** Signature of Reporting Person	<u>11/09/2023</u> 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.