FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
vvasiliigton,	D.O.	20040

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OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

to Sector	this box if no I tion 16. Form 4 ions may conti tion 1(b).	or Form 5	STA		l pursua	ant to	o Section	16(a)	of the S	ecurit	NEFICIA ies Exchange mpany Act of	e Act of			ΗIP	Estim		er: verage burd esponse:	3235-0287 len 0.5		
1. Name and Address of Reporting Person* Saba Capital Management, L.P. (Last) (First) (Middle)						2. Issuer Name and Ticker or Trading Symbol American Oncology Network, Inc. [DTOC] 3. Date of Earliest Transaction (Month/Day/Year) 09/25/2023									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner Officer (give title Other (specify below)						
405 LEXINGTON AVENUE 58TH FLOOR (Creatily)					-	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					
(Street) NEW YORK NY 10174						X Form filed by More than One Reporting Person															
(City)	(S		Zip)	n Doriva	Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or writter satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. Vative Securities Acquired, Disposed of, or Beneficially Owned										ten pla	ın that is inte	ended to				
1. Title of Security (Instr. 3) 2. Trans			2. Transac	tion	2A Ex if a	. Deemed ecution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)		ed (A)) or	5. Amount of Securities Beneficially Owned Following		Forn (D) o	wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
					(wonunbay/rear)		Code	v	Amount	(A) or (D)	Pr	rice	Report	eported ransaction(s) nstr. 3 and 4)		,					
Common	Stock			09/25/2					S		205,512	D		\$10.5	0			I	-		
		Tal									osed of, o convertibl				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	tion Date, Trans		action (Instr. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisal Expiration Date (Month/Day/Year)		ite	7. Title and Amount of Securities Underlying Derivative Security (In 3 and 4)				9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)			
				Coo		v	(A)	(D)	Date Exercis	able	Expiration Date	1	lmou or lumb of Share	er							
		f Reporting Person* anagement, L.	<u>.P.</u>																		
(Last) 405 LEX 58TH FI	INGTON .	(First) AVENUE	(Mid	ddle)																	
(Street)	ORK	NY	10 1	174																	
(City)		(State)	(Zip))																	
	nd Address o ein Boaz	f Reporting Person [*]																			
(Last) 405 LEX 58TH FI	INGTON . LOOR	(First) AVENUE	(Mid	ddle)																	
(Street) NEW YO	ORK	NY	101	174																	

Explanation of Responses:

(State)

(City)

William Manzolillo

09/25/2023

Boaz Weinstein

09/25/2023

Date

** Signature of Reporting Person

(Zip)

- * 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.