FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
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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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 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

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					2. Issuer Name and Ticker or Trading Symbol VOXX International Corp [VOXX]									Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner						
(Last) (First) (Middle) C/O AVALON PARK GROUP 3801 AVALON PARK EAST BLVD., SUITE 400					3. Date of Earliest Transaction (Month/Day/Year) 06/15/2022									belov	,		be	her (sp		
(Street) ORLANDO FL 32828				. 4	If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person Yerson						
(City)	(St	ate) (Ž	Zip)																	
		Table	I - Non-Deriv	ativ	e Se	ecuriti	es A	cqui	ed, [Dispos	sed o	of, or	Benefi	cially Own	ed					
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea			Execution		ate,	3. Transaction Code (Instr. 8)		4. Securities Ac Disposed Of (D 5)		Acquire (D) (Ins	d (A) or tr. 3, 4 and	5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)				
								Code	v	Amoui	nt	(A) or (D)	Price	Transaction (Instr. 3 and						
Class A Common Stock 06/15/2022			22	2			P		5,000		A	\$8.39	4,555,000		I		By Avalon Park Group Holding AG ⁽¹⁾			
Class A Common Stock													650,000		I		By Avalon Park International, LLC ⁽²⁾			
		Tal	ble II - Derivat (e.g., p												d	<u> </u>				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Tra	ansaci	stion of Se Ac (A Di of (Ir	5. Number		er 6. Date Ex Expiration (Month/Da		kercisable and		tle and unt of urities erlying vative urity (Insti	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Owner Form: Direct or Indi (I) (Ins	(D) rect	Beneficial Ownership ect (Instr. 4)	
				Co	de \	V (A	.) (0	Date Expiration Date CD Exercisable Date Title Shares		r										
1. Name ar <u>Kahli E</u>		Reporting Person*						•		•				,	•					
	ALON PAR	(First) K GROUP RK EAST BLVD	(Middle)																	
	ALONTAI	CK LAST BLVD	., SOTTE 400																	
(Street) ORLAN	DO	FL	32828																	
(City)		(State)	(Zip)																	
		Reporting Person* <u>Oup Holding A</u>	AG																	
(Last) RIESBA	CHSTRAS	(First) SE 57	(Middle)																	
(Street)																				

V8

(State)

8008

(Zip)

ZURICH

(City)

1. Beat M. Kahli is the controlling shareholder of Avalon Park Group Holding AG, formerly known as Kahli Holding AG. Kahli Holding AG changed its name to Avalon Park Group Holding AG. Jill Kahli, the wife of Mr. Kahli, is the only other shareholder of Avalon Park Group Holding AG.

2. Beat M. Kahli is the sole manager and controlling member of Avalon Park International, LLC.

Remarks:

/s/Beat M. Kahli 06/16/2022

/s/ Beat M. Kahli, on behalf of

Avalon Park Group Holding 06/16/2022

<u>AG</u>

** 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.