SEC Form 4

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL											
OMB Number:	3235-0287										

Estimated average burden 0.5 hours per response:

1. Name and Address of Reporting Person [*] <u>Kahli Beat</u>					2. Issuer Name and Ticker or Trading Symbol <u>VOXX International Corp</u> [VOXX]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner						
(Last) (First) (Middle) C/O AVALON PARK GROUP					3. Date of Earliest Transaction (Month/Day/Year) 11/03/2022								Officer (give title Other (specify below) below)						
3801 AVALON PARK EAST BLVD., SUITE 400					lf Am	endment,	Dat	e of Ori	iginal I	-iled (Month/I		. Individual o	r Joint/	Group Fili	ng (Ch	eck Ap	plicable		
(Street) ORLANDO FL 32828													Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person						
(City)	(St	ate) (Z	ľip)																
Table I - Non-Derivative Se							5 A	cquir	ed, C)isposed (of, or	Benefic	ially Own	ed					
1. Title of Security (Instr. 3) Date (Month/Day/Yea				Execution Date,		·	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a 5)		d (A) or tr. 3, 4 and	Beneficially Owned Following				Indirect Beneficial Ownership			
							Code V		Amount	(A) or (D)	Price	 Reported Transaction(s) (Instr. 3 and 4) 		(Instr. 4)		(Instr. 4)			
Class A Common Stock 11/			11/03/202	2			Р		25,000	А	\$9.85	5,200,000		Ι		By Avalon Park Group Holding AG ⁽¹⁾			
Class A Common Stock											785,000		Ι		By Avalon Park International, LLC ⁽²⁾				
		Tal	ble II - Derivat							sposed of s, convert				d	• •				
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)	ate, 4. Code (Instr		5. Numb		er 6. Date Exe Expiration (Month/Day d		ercisable and Date	7. Ti Amo Secu Unde Deriv	tle and ount of irities erlying vative irity (Instr.	8. Price of 9. Nu Derivative Security Secu (Instr. 5) Bene Owne Follo Repo		rities ficially d wing rted action(s)	10. Owne Form: Direct or Ind (I) (Ins	t (D) lirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Cod	le V	(A)	(D) Dat	e ercisat	Expiratio le Date	n Title	Amount or Number of Shares							
1. Name and Address of Reporting Person* <u>Kahli Beat</u>																			
	LON PAR	(First) K GROUP KK EAST BLVD	(Middle)																
,			., 50112 100																
(Street)	DO	FL	32828																
(City)		(State)	(Zip)																
1. Name and Address of Reporting Person* <u>Avalon Park Group Holding AG</u>																			
(Last) (First) (Middle) RIESBACHSTRASSE 57																			

(Street) ZURICH **V**8 8008 (City) (State) (Zip)

Explanation of Responses:

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
 11/03/2022

 /s/ Beat M. Kahli, on behalf of Avalon Park Group Holding
 11/03/2022

 AG
 11/03/2022

** 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.