FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL								
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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* Mas Edward David 2. Date of Event Requiring Statement (Month/Day/Year) 03/01/2018			nent	3. Issuer Name and Ticker or Trading Symbol VOXX International Corp [VOXX]							
(Last)	(First)	(Middle) CORP.			4. Relationship of Reportir (Check all applicable) Director		10% Owner Other (specify below)		5. If Amendment, Date of Original Filed (Month/Day/Year)		
2351 J LAWSON BLVD.					X	below)			6. Individual or Joint/Group Filing (Check Applicable Line)		
(Street) ORLANDO	FL	32824				President Voxx Autom	otive Corp)	X		y One Reporting Person y More than One erson
(City)	(State)	(Zip)									
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)						ially Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Class A Common Stock						0	D				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
1. Title of Derivative Security (Instr. 4) 2. Date Exercisable a Expiration Date (Month/Day/Year)			ate	Underlying Derivative Security (Instr. 4) Conve		rcise Form:		6. Nature of Indirect Beneficial Ownership (Instr. 5)			
			Date Exercisable	Expiratior Date	n Title	e	Amount or Number of Shares	Price of Deriva Securi	tive	Direct (D) or Indirect (I) (Instr. 5)	

Explanation of Responses:

/s/ Edward David Mas

03/01/2018

** 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 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.