FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APF	PROVAL
 ONAD Alcordo	2025 (

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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

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

) Sec	20011 30(n) or u	ie inve	simeni	Cor	npany Act										
1. Name and Address of Reporting Person* Kahli Beat					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							
	.ast) (First) (Middle) CO AVALON PARK GROUP 801 AVALON PARK EAST BLVD., SUITE 400			0	3. Date of Earliest Transaction (Month/Day/Year) 06/17/2022									Officer (give title Other (specify below)							
(Street) ORLANDO FL 32828		_ 4	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person									
(City)	(St	ate) (Ž	Zip)																		
		Table	I - Non-Deriv	ativ	/e S	ecurit	ies A	cqui	red, I	Dis	posed c	of, or l	Benefi	icia	Illy Owne	ed					
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea				Executio		Date,	3. Transaction Code (Instr. 8)		Disposed Of (I		Acquired (A) or (D) (Instr. 3, 4 and		nd	Beneficially Owned Follow Reported		Form: Dire (D) or Indirect (I) (Instr. 4)		7. Natu Indired Benefi Owner (Instr.	ct icial rship		
								Code	V	An	nount	(A) or (D)	Price		Transaction (Instr. 3 and						
Class A Common Stock		06/17/20	22	:2			P			5,000	A	\$8.25	5	4,565,000		I		By Avalon Park Group Holding AG ⁽¹⁾			
Class A Common Stock															650,000		I		By Avalon Park International, LLC ⁽²⁾		
		Tal	ble II - Deriva	tive	Sec	curitie	s Ac	quire	d, Di	spo	osed of	, or B	enefic	iall	y Owned	d t					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	(e.g., p 3A. Deemed Execution Date, if any (Month/Day/Year)	4. Tra	4. Transaction Code (Instr.		5. Number		er 6. Date Ex Expiration (Month/Da		isable and te	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Owne Form Direc or Inc (I) (In:	t (D) lirect	Beneficial Ownership ect (Instr. 4)	
				Co	ode '	v (/	A) (E		ite cercisal	ole	Expiration Date	n Title	Amount or Number of Shares	er	r						
1. Name ar <u>Kahli E</u>		Reporting Person*						,				•	•								
	ALON PAR	(First) K GROUP RK EAST BLVD	(Middle)			,															
		EAST BLVD	., SUITE 400																		
(Street) ORLAN	DO	FL	32828																		
(City)		(State)	(Zip)																		
1. Name and Address of Reporting Person* <u>Avalon Park Group Holding AG</u>																					
(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:

<u>/s/ Beat M. Kahli</u> <u>06/20/2022</u>

/s/ Beat M. Kahli, on behalf of

Avalon Park Group Holding 06/20/2022

<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.