FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
OMB Number:	3235-0287								
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0.5

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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

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1. Name and Address of Reporting Person* <u>Kahli Beat</u>					2. Issuer Name and Ticker or Trading Symbol VOXX International Corp [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 3801 AVALON PARK EAST BLVD., SUITE 400					3. Date of Earliest Transaction (Month/Day/Year) 08/23/2022							Officer (give title Other (specify below) below)							
(Street) ORLANDO FL 32828			4.	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 X Form filed by More than One Reporting							
(City)	(St	ate) (Z	Zip)										Perso	on					
		Table	I - Non-Deriva	ativ	e S	ecuritie	s A	cquir	ed, [Disposed	of, or	Benefic	ially Own	ed					
Date		2. Transactio Date (Month/Day/Y		Execution Date,		3. Transaction Code (Instr. 8) 4. Securities A Disposed Of (D		Acquire f (D) (Inst	d (A) or tr. 3, 4 and	Beneficially Owned Following				Indirect Beneficial Ownership					
								Code	v	Amount	(A) or (D)	Price	Reported Transaction (Instr. 3 and		(Instr. 4)		(Instr.	4)	
Class A Common Stock 08/23/2022			22	2		P		10,000	A	\$9.93	5,020,000		I			By Avalon Park Group Holding AG ⁽¹⁾			
Class A Common Stock													650,00	00 I			By Avalon Park International, LLC ⁽²⁾		
		Tal	ble II - Derivat (e.g., p							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)		ansac de (In	tion of Der Sec (A) Dispos (Instr.			oiratio	cercisable and n Date ay/Year)	Amo Secu Unde Deriv	tle and unt of irities erlying vative irity (Instr. d 4)	8. Price of Derivative Security (Instr. 5)	deriva Secur Benef Owne Follov Repor Trans	. Number of lerivative securities seneficially Dwned ollowing seported fransaction(s) instr. 4)		ership : t (D) direct str. 4)	Beneficial Ownership (Instr. 4)	
				Co	ode '	V (A)	, (A) (D)		te ercisat	Expiratio		Amount or Number of Shares							
1. Name ar <u>Kahli F</u>		Reporting Person*					•				,					,			
(Last) (First) (Middle) C/O AVALON PARK GROUP																			
3801 AV	ALON PAR	RK EAST BLVD	o., 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)	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 08/23/2022

/s/ Beat M. Kahli, on behalf of

Avalon Park Group Holding 08/23/2022

<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.