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).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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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

					_ 01 •	of Section 30(ii) of the investment Company Act of 1940																	
1. Name and Address of Reporting Person*  Kahli Beat					2. Issuer Name <b>and</b> Ticker or Trading Symbol VOXX International Corp [ VOXX ]										Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director X 10% Owner								
(====)						3. Date of Earliest Transaction (Month/Day/Year) 06/24/2022  Officer (give title below) below) below)												pecify					
(Street) ORLANDO FL 32828				4. 1	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 Person									
(City) (State) (Zip)																							
4 Tible -50	Saarreiter (Inc.			on-Deriva 2. Transaction	_				cquir	ed, I					_		_	6. Owner	-alaia	7 Not			
1. Title of Security (Instr. 3)		1	Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Code (Instr. 8)		Disposed Of (I		Acquired (A) or (D) (Instr. 3, 4 and		5. Amount of Securities Beneficially Owned Follor Reported Transaction(s		Form: Di (D) or Indirect (Instr. 4)		rect	Indired Benefi	eneficial vnership				
			$\dashv$						Code	\ <u>'</u>	Amount	:	(A) or (D)	Price		str. 3 and				D A	1		
Class A (	Common St	ock		06/24/202	22				P		5,00	0	A	\$8.73	3	4,585,00	000 I I		Park	By Avalon Park Group Holding AG <sup>(1)</sup>			
Class A (	Common St	ock														650,00	0	I	I By Avalon Park Internation LLC <sup>(2)</sup>		national,		
		Tal	ble II	- Derivati (e.g., pu												Owned	ł						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year)	Exec if any	A. Deemed xecution Date, any		4. Transaction Code (Instr. 8)		5. Numbord Derivative Securitic Acquire A) or Dispose of (D) Instr. 3, and 5)	er 6. Date Expiration (Month/Date es d		xercisable and n Date		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		8. De Se (In	8. Price of Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		ership : t (D) direct str. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	e V	, (	(A)	Da Da Ex	te ercisal		ration		Amour or Numbe of Shares	er								
1. Name ar <u>Kahli E</u>		f Reporting Person*																					
	ALON PAR ALON PAF	(First) K GROUP RK EAST BLVD		Middle)																			
(Street)	DO	FL	3:	2828																			
(City)		(State)	(Z	Zip)																			
		Reporting Person*																					
(Last) RIESBA	CHSTRAS	(First) SE 57	(N	Middle)																			
(Street) ZURICH	I	V8	8	008		_																	

(State)

(Zip)

(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>06/24/2022</u>

/s/ Beat M. Kahli, on behalf of

Avalon Park Group Holding 06/23/2022

<u>AG</u>

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.