SEC Form 4
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## FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
MB Number:	3235-0287							

0 Estimated average burden .5

Check to Sec obliga Instruc	MT OF CHANGES IN BENEFICIAL OWNERSHIP       OMB Number: 3235-0287         Iteration of the securities Exchange Act of 1934       Iteration of the securities Exchange Act of 1934         Iteration of the Investment Company Act of 1940       Iteration of the securities Exchange Act of 1934																
1. Name and Address of Reporting Person* Kahli Beat (Last) (First) (Middle) C/O AVALON PARK GROUP 3801 AVALON PARK EAST BLVD., SUITE 400					2. Issuer Name and Ticker or Trading Symbol VOXX International Corp [ VOXX ] 3. Date of Earliest Transaction (Month/Day/Year) 06/29/2022							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner Officer (give title Other (specify below) below)					
(Street) ORLANDO FL 32828			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)	(City) (State) (Zip)																
Table I - Non-Deriva           1. Title of Security (Instr. 3)         2. Transaction Date (Month/Day/Y)			2A. Deemed Execution Date,			Acquired, Disposed of, or Benef 3. Transaction Code (Instr. 8) A. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 ar 5)					5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or g Indirect (I)		7. Nature of Indirect Beneficial Ownership		
							Code	v	Amount	(A) ( (D)	Price	Transaction	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Class A (	Class A Common Stock		06/29/202	2			Р		5,000	A	\$9.4	9 4,600,0	4,600,000			By Avalon Park Group Holding AG <sup>(1)</sup>	
Class A Common Stock											650,0	650,000 I			By Avalon Park Internationa LLC <sup>(2)</sup>		
		Tal	ble II - Derivat						sposed o s, conver				d				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date Ex (Month/Day/Year) if	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Numl of Derivat Securit Acquire (A) or Dispose of (D) (Instr. 3 and 5)	ber 6. Ex ive (N ies ad ad	er Expiration Da (Month/Day/Yo d		ercisable and 7. a Date Ar ay/Year) Se Ur De		8. Price of Derivative Security (Instr. 5)	deriva Secur Bene Owne Follor Repo Trans	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		rship (D) irect str. 4)	11. Natur of Indired Beneficia Ownersh (Instr. 4)
				Code	v	(A) (		ate kercisal	Expirat		Amou or Numb of tle Share	ber					
1. Name a <u>Kahli I</u>		FReporting Person*	-														
	ALON PAR ⁄ALON PAI	(First) K GROUP RK EAST BLVD	(Middle) ., SUITE 400														
(Street) ORLAN	IDO	FL	32828														
(City)		(State)	(Zip)		_												
		FReporting Person* Dup Holding /	<u>4G</u>														
(Last) RIESBA	ACHSTRAS	(First) SE 57	(Middle)														
(Street) ZURICI	ł	V8	8008														

Explanation of Responses:

(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:

/s/ Beat M. Kahli 06/29/2022 /s/ Beat M. Kahli, on behalf of Avalon Park Group Holding AG

\*\* 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.