FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington D.C. 20549

wasiiiigton,	D.C.	20549	

l	OMB APPRO	VAL
l	OMB Number:	3235-0287
l	Estimated average burd	en
l	hours per response:	0.5

	Check this box if no longer subject to
٦	Section 16. Form 4 or Form 5 obligations may continue. See
J	obligations may continue. See
	Instruction 1(b)

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

1. Name and Address of Reporting Person* <u>Gibson Denise W.</u>					2. Issuer Name <b>and</b> Ticker or Trading Symbol VOXX International Corp [ VOXX ]								Check a	II appli Directo	or	10	% Owr	ner		
C/O VOXX INTERNATIONAL CORPORATION						3. Date of Earliest Transaction (Month/Day/Year) 09/15/2016									Officer below)	r (give title )		her (sp low)	pecify	
180 MARCUS  (Street)  HAUPPAUGE NY 11788  (City) (State) (Zip)					4. If	Ame	ndment	, Date o	of Origina	l Filed	I (Month/Da	ay/Yea	·)		ne) X	Form 1	Joint/Group filed by One filed by More n	Reporting	Person	۱
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da				Execution Date,		3. Transaction Code (Instr. 8)  4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4) 5)			and Securitie Benefici		es ially Following	6. Ownersh Form: Direc (D) or Indire (I) (Instr. 4)	t of ct Be	7. Nature of Indirect Beneficial Ownership						
							Code	v	Amount	(/	A) or D)	Price	Trans		ction(s) and 4)		"	nstr. 4)		
Class A C	Common Sto	ock		09/15	/2016	2016		P <sup>(1)</sup>		20,400		A	\$3.1	4(1)	20,400		D			
Class A C	Common Sto	ock		09/16	/2016	2016		P <sup>(2)</sup>		11,700		A	\$3.1	12 <sup>(2)</sup> 32		2,100	D			
		Та									sed of, onvertib				y Owr	ned				
1. Title of Derivative Security (Instr. 3)  2. Conversion or Exercise Price of Derivative Security  Security  3. Transaction Date (Month/Day/Year)  (Month/Day/Year)  (Month/Day/Year)		n Date,	4. Transa Code ( 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		ount			9. Number of derivative Securities Beneficially Owned Following Reported Transaction( (Instr. 4)	Owners Form: Direct (I or Indir (I) (Instr	nip of B O) O ect (li	1. Nature of Indirect seneficial Ownership Instr. 4)				
					Code V (A		(A)	(D)			Expiration Date	Number of Shares								

## **Explanation of Responses:**

- 1. This transaction was executed pursuant to a 10b-5 trading plan entered into on August 15, 2016. It was executed in multiple trades at prices ranging from \$3.03 to \$3.19 per share. The price reported above reflects the weighted average purchase price. The reporting person hereby undertakes to provide upon request to the SEC staff, Voxx or a shareholder of Voxx full information regarding the number of shares and prices at which the transaction was effected.
- 2. This transaction was executed pursuant to a 10b-5 trading plan entered into on August 15, 2016. It was executed in multiple trades at prices ranging from \$3.08 to \$3.17 per share. The price reported above reflects the weighted average purchase price. The reporting person hereby undertakes to provide upon request to the SEC staff, Voxx or a shareholder of Voxx full information regarding the number of shares and prices at which the transaction was effected.

<u>/s/ Denise W. Gibson</u> <u>09/19/2016</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.