FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Nashington, I	D.C.	20549
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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

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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

					or	Sect	tion 30(h	n) of th	e Inve	stmer	nt C	Company Act	t of 1940	)						
Name and Address of Reporting Person* <u>Kahli Beat</u>				2. Issuer Name <b>and</b> 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					08	3/31/	/2022			`		th/Day/Year		Officer (give title Other (specify below) below)						
(Street) ORLANDO FL 32828				4.										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)	(St	ate) (2	Zip)																	
		Table	I - I	Non-Deriva	tive	e Se	curiti	es A	cqui	red,	Di	isposed (	of, or l	Benefi	icially Ow	ned				
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		n	4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a 5)			5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)				
									Code	de V		Amount	(A) or (D)	Price	Transactio (Instr. 3 ar	n(s) d 4)	(,	(,		,
Class A (	Common St	ock		08/31/202	22				P			13,839	A	\$9.57	5,083,	By Ava Park Gr Holding AG <sup>(1)</sup>			Group ing	
Class A (	Common St	ock													650,0	000	I	By Avalon Park International, LLC <sup>(2)</sup>		
		Tal	ble	II - Derivati								posed of converti				ed				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Exe if a	BA. Deemed Execution Date, f any		4. Transaction Code (Instr. 8)		5. Numb		6. Date Expiration (Month/Disest d		rcisable and Date	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		8. Price of Derivative Security (Instr. 5)	deriva Secur Benet Owne Follow Repor	rities ficially ed wing rted action(s)	Form Direct or Inc		11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Coc		/ (A	ı) (D	Da Ex	ite ercisa	able	Expiration Date	n Title	Amour or Number of Shares	er					
1. Name ar <u>Kahli F</u>		f Reporting Person*																		
	ALON PAR	(First) K GROUP RK EAST BLVD		(Middle) UITE 400																
(Street)	DO	FL		32828																
(City)		(State)		(Zip)																
		Reporting Person*	4 <u>G</u>																	
(Last) RIESBA	CHSTRAS	(First) SE 57		(Middle)																
(Street)	[	V8		8008																

(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 08/31/2022

/s/ Beat M. Kahli, on behalf of

Avalon Park Group Holding 08/31/2022

<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.