FORM 4

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

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

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

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

						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  Officer (give title Other (specify below) below)						
(Last) (First) (Middle) C/O AVALON PARK GROUP						3. Date of Earliest Transaction (Month/Day/Year) 06/07/2022															
3801 AVALON PARK EAST BLVD., SUITE 400					4. 1	If Amendment, Date of Original Filed (Month/Day/Year)										r Joint/0	Group Fili	ng (Cł	neck Ap	pplicable	
(Street) ORLANDO FL 32828				06	06/07/2022									Line) Form filed by One Reporting Person  X Form filed by More than One Reporting Person							
(City) (State) (Zip)																					
		Table	I - No	on-Deriva	tive	Se	curities	A		ed, [	_				cially Own						
Da			2. Transaction Date (Month/Day/Year		zA. Deemed Execution Date, if any (Month/Day/Year)		·	3. Transaction Code (Instr. 8)		4. Securities Acquire Disposed Of (D) (Inst 5)		d (A) or r. 3, 4 and	Securities Beneficially Owned Follows	5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	An	nount	(A) or (D)	Price	Transaction (Instr. 3 and	n(s) d 4)	(Instr. 4)		(instr.	4)	
Class A Common Stock 06/07/2022				2	2			P			3,217	A	\$8.43	4,508,2	217	I		By Avalon Park Group Holding AG <sup>(1)</sup>			
Class A Common Stock														650,0	650,000			Park	ernational,		
		Tal	ble II	- Derivativ (e.g., pu											ally Owne	d					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execu	3A. Deemed Execution Date, if any		4. Transaction Code (Instr. 8)		5. Numbe		6. Date Ex Expiration (Month/Da		xercisable and n Date		le and unt of rities rlying rative rity (Instr	8. Price of Derivative Security (Instr. 5)  8. Price of Geriv Security Security Folio Repo		rities For Direct Pricially or I (I) (Section (S		ership n: et (D) direct estr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Cod	le V	(A)	(D	Date) Exe	e rcisat	ole	Expiration Date	n Title	Amoun or Numbe of Shares							
1. Name a <u>Kahli I</u>		f Reporting Person*					'	_	•				•		•	•					
(Last) (First) (Middle) C/O AVALON PARK GROUP 3801 AVALON PARK EAST BLVD., SUITE 400																					
(Street) ORLANDO FL 32828			2828																		
(City)		(State)	(Z	lip)		_															
1. Name and Address of Reporting Person* <u>Avalon Park Group Holding AG</u>																					
(Last) (First) (Middle) RIESBACHSTRASSE 57																					
(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:

Refiling of Form 4 to correct signature dates.

<u>/s/Beat M. Kahli</u> <u>06/07/2022</u>

/s/ Beat M. Kahli, on behalf of

Avalon Park Group Holding 06/07/2022

<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.