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

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	on 30(h)	of th	è Ínves	tment	Company A	ct of 194	10							
Name and Address of Reporting Person* <u>Kahli Beat</u>					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 3801 AVALON PARK EAST BLVD., SUITE 400				11/	3. Date of Earliest Transaction (Month/Day/Year) 11/02/2021														
(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 Formalied by More than One Reporting						
(City)	(St	ate) (Z	Zip)										A Person						
		Table	I - Non-Deriva	ative	Sec	curitie	s A	cquir	ed, I	Disposed	of, or	Benefi	cially Own	ed					
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye		Execution (ar)		ition Date	Ĺ	3. Transaction Code (Instr. 8)		5)		Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)					
								Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)						
Class A Common Stock 11			11/02/202	1				P		10,000	A	\$11.87	395,000		I		By Avalon Park International, LLC ⁽¹⁾		
Class A Common Stock												4,165,0	4,165,090]]	By Avalon Park Group Holding AG ⁽²⁾			
		Tal	ole II - Derivat							sposed o				d					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date E (Month/Day/Year) if	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Tran	4. Transaction Code (Instr.		5. Numb		Date E Diratio	xercisable and n Date ay/Year)	d 7.1 Am Sec Und Der Sec	Title and ount of curities derlying rivative curity (Instand 4)	8. Price of Derivative Security (Instr. 5)	deriva Secur Benef Owne Follov Repor Trans	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)		ship (D) rect tr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	e V	(A) (D)		Dat) Exe	te ercisal	Expiration Date	on Titl	Amour or Number of Shares	er						
1. Name aı <mark>Kahli I</mark>		Reporting Person*				•		,		•	•	•	4						
	ALON PAR	(First) K GROUP RK EAST BLVD	(Middle)																
(Street)	DO	FL	32828																
(City)		(State)	(Zip)		-														
		Reporting Person*	<u>AG</u>																
(Last)	.CHSTRAS	(First) SE 57	(Middle)																
(Stroot)					-														

V8

(State)

8008

(Zip)

ZURICH

(City)

1. Beat M. Kahli is the sole manager and controlling member of Avalon Park International, LLC.

2. 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.

Remarks:

/s/ Beat M. Kahli 11/03/2021

/s/ Beat M. Kahli, on behalf of

Avalon Park Group Holding 11/03/2021

<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.