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

							• ,			Company Ac	t of 1940								
Name and Address of Reporting Person* <u>Kahli Beat</u>				2. Issuer Name and Ticker or Trading Symbol VOXX International Corp [ VOXX ]								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				3. Date of Earliest Transaction (Month/Day/Year) 10/24/2022								Office below	er (give v)	title		her (sp	pecify		
					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						
(City)	(State) (Zip)											X Form filed by More than One Reporting Person							
		Table	I - Non-	Derivat	ive S	ecuri	ities A	cquir	ed, [	Disposed	of, or	Benefi	cially Own	ed					
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Ye			Execution Date		Date,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 at 5)		d (A) or r. 3, 4 and	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	v	Amount	(A) or (D)	Price	Transaction (Instr. 3 and	ı(s) I 4)	,				
Class A Common Stock 10/2		/24/2022	2		P		2,810	A	\$8.29	785,00	)0	I		By Avalon Park International, LLC <sup>(1)</sup>					
Class A Common Stock 10/24/202		/24/2022	2			P		16,161	A	\$8.39	5,100,0	000	I		By Avalon Park Group Holding AG <sup>(2)</sup>				
		Tal								sposed of s, convert			ially Owne	d					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year) i	3A. Deem Execution if any	3A. Deemed 4 Execution Date, 1		ction nstr.			Expiration Date (Month/Day/Year)				8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A) (I	Dat D) Exe	te ercisal	Expiratio	n Title	Amoun or Numbe of Shares	er						
1. Name ar <u>Kahli F</u>		Reporting Person*																	
	ALON PAR	(First) K GROUP LK EAST BLVD	(Middl																
(Street)	DO	FL	3282	8		-													
(City)		(State)	(Zip)																
		Reporting Person*  oup Holding /	AG																
(Last) RIESBA	CHSTRAS	(First) SE 57	(Middl	e)															

V8

(State)

8008

(Zip)

(Street) **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:

<u>/s/ Beat M. Kahli</u> <u>10/24/2022</u>

/s/ Beat M. Kahli, on behalf of

Avalon Park Group Holding 10/24/2022

<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.