FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

radimigion, D.O. 200 id		

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

Check this box if no longer subject to Section 16. Form 4 or Form 5 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

						00011	011 00(11)	01 1110 11			ipariy Act	01 10 1									
Name and Address of Reporting Person*						2. Issuer Name <b>and</b> Ticker or Trading Symbol AUDIOVOX CORP [ VOXX ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
SHALAM JOHN J								. 011	]				X	Direc	ctor		X 10% C	Owner			
-														_	X		er (give title			(specify	
(Last)	(Fi	rst) (	Middle)			3. Date of Earliest Transaction (Month/Day/Year)								Λ	belov	,		below)	)		
180 MAF	RCUS BLV	D			09/	09/22/2005								Chairman							
PO BOX	12427																				
10 BOX 12427					4 14	4. If Amondment, Date of Original Filed (Month/Day/A/car)							-	6. Individual or Joint/Group Filing (Check Applicable							
(Street)					·   4. "	4. If Amendment, Date of Original Filed (Month/Day/Year)									b. Individual of Joint/Group Filing (Check Applicable Line)						
HAUPPA	GE N	<b>V</b> 1	11788-05	18											X Form filed by One Reporting Person						
IIAUITA	IGE IV		11/00-05	10												Form	n filed by Mo	re tha	an One Rep	orting	
																Pers	on			· ·	
(City)	(S	tate) (	Zip)																		
		Tabl	e I - Nor	า-Deriv	ative	Se	curitie	s Acc	quired,	Disp	posed o	f, or	Bene	eficia	ally C	Owne	ed				
1. Title of S	Security (Inst	tr. 3)		2. Trans	action									6. Ownership		7. Nature					
				Date (Month/	Dav/Ye	Execution Date, ay/Year) if any		Transaction Disposed Of (D) (Instr. 3, 2 Code (Instr. 5)		3, 4 a	4 and Securities Beneficial				rm: Direct ) or Indirect	of Indirect Beneficial					
(monus			,	(Month/Day/Year)							d Following   (I		l) (Instr. 4)	Ownership (Instr. 4)							
								Code	v	Amount	(A) or		Price	Trans		saction(s)			(111511.4)		
							Jour	Ľ	Amount		(D)	11100		(Instr. 3 and 4)							
Class A Common Stock 09/22/					./2005			G		5,584		D	\$0	$0^{(1)}$ 1,5		1,908,807		D			
		Ta	ble II - [	Derivat	ive S	ecu	rities	Acaui	ired. Di	spo	sed of	or B	enefi	cially	v Ow	ned					
											onvertib				,	····ou					
1. Title of	2.	3. Transaction	3A. Deem		4.				6. Date Exercisable and			7. Title and			8. Price of		9. Number of			11. Nature	
Derivative   Conversion   Date   Execution Date,   Security   or Exercise   (Month/Day/Year)   (Month/Day/Year)   (Month/Day/Year)   Conversion   Conversion					Code (Instr.		tr. Derivative ( Securities		Expiration Date (Month/Day/Year) Amount of Securities Underlying						Derivative Security		Securities Beneficially		Ownership Form: Direct (D) or Indirect	of Indirect Beneficial	
													(Instr			Ownership (Instr. 4)					
	Derivative Security					Acquired Derivative Security (Inst						str. 3	3		Following (I)		(I) (Instr. 4)	(Instr. 4)			
						Disposed and 4)								Reported Transaction	(s)						
						(Instr. 3, 4								(Instr. 4)	(5,						
				L			and 5)														
										Amour		ount									
										Numbe		nber									
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	of Sha	res							

## Explanation of Responses:

1. Bonafide gift.

John J. Shalam

09/22/2005

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\ast}$  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.