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	Sec	tion 30	O(h) of tl	ne Inve	stment	Company A	ct 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					3. Date of Earliest Transaction (Month/Day/Year) 01/28/2022									Offic belo	er (give w)	e title		ther (s elow)	pecify	
(Street) ORLANDO FL 32828				4.	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 Form filed by More than One Reporting Person						
(City) (State) (Zip)																				
		Table	I - Non-Deriv	ativ	e Se	ecuri	ities A	cqui	red, I					cially Owr	ned					
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Ye					Executi		Date,	3. Transaction Code (Instr. 8)		5)		D) (Instr. 3, 4 and		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) (D)	or	Price	Transactio (Instr. 3 an	n(s) d 4)					
Class A Common Stock 01/28/2022					2			P		10,000	A	A	\$10.09	550,000		I		By Avalon Park International LLC <sup>(1)</sup>		
Class A Common Stock														4,250,000		I		By Avalon Park Group Holding AG <sup>(2)</sup>		
		Tal	ble II - Derivat (e.g., p							sposed o					d	•				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Trai	Transaction Code (Instr. 3) Sec Acq (A) Dispose of (Instr. 4)		5. Numl	per 6. Exive (M	Date E	xercisable and in Date Pay/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	deriva Secur Bene Owne Follor Repo Trans	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		rship : t (D) lirect str. 4)	Beneficia Ownersh ect (Instr. 4)	
				Coc	de \	v	(A) (I		ate cercisa	Expirati ble Date		Title	Amoun or Numbe of Shares	r						
1. Name ar <u>Kahli E</u>		f Reporting Person*																		
	ALON PAR	(First) K GROUP RK EAST BLVD	(Middle)																	
(Street) ORLANDO		L 32828																		
(City)		(State)	(Zip)																	
		f Reporting Person* Oup Holding A																		
(Last) (First) (Middle) RIESBACHSTRASSE 57		(Middle)																		
(Street)	I	V8	8008																	

(State)

(Zip)

(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>01/31/2022</u>

/s/ Beat M. Kahli, on behalf of

Avalon Park Group Holding 01/31/2022

<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.