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

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

					_	T																			
1. Name and Address of Reporting Person* Kahli Beat					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						3. Date of Earliest Transaction (Month/Day/Year) 10/18/2021										Officer (give title Other (specify below) below)									
3680 AVALON PARK BLVD., SUITE 300					4.	4. If Amendment, Date of Original Filed (Month/Day/Year)											ndividual or	Joint/0	Group Fili	ng (Ch	neck Ap	plicable			
(Street) ORLANDO FL 32828															Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person										
(City)	(S	tate) (Z	Zip)																						
		Table	۱ -	Non-Deriva	ativ	e S	ecu	rities A	Acqu	ire	d, E	isposed	of,	or l	Benefi	icia	lly Own	ed							
Date			2. Transaction Date (Month/Day/Ye		2A. Deen Execution if any (Month/D		n Date,		Transaction Code (Instr.		4. Securities Ad Disposed Of (D 5)		uire (Inst	d (A) or r. 3, 4 and	Beneficially Owned Followir					7. Nate Indired Benef Owner	ct icial rship				
									Code	Code V				(A) or Price		- 11	Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)		(Instr. 4)				
Class A Common Stock			10/18/202	21			P			15,000	A	A	\$10.52	2	4,150,0	90	I		By Avalon Park Group Holding AG ⁽¹⁾						
Class A Common Stock															365,000		I		By Avalon Park International, LLC ⁽²⁾						
		Tal	ble	II - Derivati (e.g., pu								sposed o						k							
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Ex if a	xecution Date, any		4. Transaction Code (Instr. 8)		5. Num of Derivat Securit Acquire (A) or Dispos of (D) (Instr. 3 and 5)	Expiration (Month/Dies ed		ratior			7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)			8. Price of Derivative Security (Instr. 5)	deriva Secur Benef Owne Follow Repor	ities icially d ving rted action(s)	e Owners Formally Director or Inc. g (I) (Inc.)		11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Cod	de	v	(A) (D) E	ate	cisab	Expiration		Title	Amoun or Numbe of Shares	er									
1. Name a <u>Kahli I</u>		f Reporting Person*																							
	ALON PAR 'ALON PAI	(First) K GROUP RK BLVD., SUIT	ГΕ :	(Middle)																					
(Street)	DO	FL		32828																					
(City)		(State)		(Zip)																					
		f Reporting Person* Oup Holding A	\ G																						
(Last) RIESBA	CHSTRAS	(First) SSE 57		(Middle)																					
(Street)	·	V8		8008																					

(State)

(Zip)

(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:

/s/ Beat M. Kahli 10/19/2021

/s/ Beat M. Kahli, on behalf of

Avalon Park Group Holding 10/18/2021

<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.