SEC Form 4

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL						
OMB Number:	3235-0287					
Estimated average	burden					

1000010

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to Sec obligation	this box if no lettion 16. Form 4 tions may conti tions 1(b).	or Form 5	STATEME!	d pursuant to	Section 16	(a) of th	ne Se	SENEFIC	nae Act	of 1934	RSHIP	Est	MB Numbe stimated a purs per re	verage burde	3235-0287 en 0.5	
1. Name and Address of Reporting Person* <u>Kahli Beat</u>			2. Issuer Name and Ticker or Trading Symbol <u>VOXX International Corp</u> [VOXX]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner								
	ALON PAR	K GROUP	Middle)	3. Date of Earliest Transaction (Month/Day/Year) 11/21/2022						Officer (give title Other (specify below) below)				specify		
3801 AV	ALON PAI	RK EAST BLVE	0., SUITE 400	4. If Amendment, Date of Original Filed (Month/Day/Year)					6. Individual or Joint/Group Filing (Check Applicable							
(Street) ORLAN	DO FI	. 3	2828	-					Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person							
(City)	(St	ate) (Zip)													
		Table	I - Non-Deriva	ative Secu	rities A	cquir	ed, I	Disposed	of, or	Benefic	ially Own	ed				
		2. Transaction Date (Month/Day/Ye	Execution Date,		3. Transaction Code (Instr. 3, 4 8)			ed (A) or tr. 3, 4 and	5. Amount of Securities Beneficially Owned Following Reported		Form: Direct (D) or Indirect (I)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
						Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)				、 ·,	
Class A (Common St	ock	11/21/202	2		Р		10,000	A	\$10.47	5,420,0	000	Ι			
Class A (Class A Common Stock									800,00	00	Ι	Park	national,		
		Та	ble II - Derivat (e.g., pı					isposed of s, convert				 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. Transaction Code (Instr. 8)	5. Number of Derivativ Securitie Acquirec (A) or Disposed of (D) (Instr. 3, and 5)	Exp ve (Mo es d	piratio	xercisable and n Date ay/Year)	Ame Sec Und Der Sec	itle and ount of urities lerlying ivative urity (Instr. nd 4)	8. Price of Derivative Security (Instr. 5)	9. Numb derivativ Securitie Benefici Owned Followin Reporte Transact (Instr. 4)	ve ies ially ng ed ction(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Ownership Form: Beneficial Direct (D) Ownership or Indirect (Instr. 4)	

Date Exercisable

(D)

(A)

Code v Expiration Date

Title

Amount or Number of Shares

1. Name and Address of Reporting Person* Kahli Beat (Last) (First) (Middle) C/O AVALON PARK GROUP 3801 AVALON PARK EAST BLVD., SUITE 400 (Street) ORLANDO FL 32828

(City) (State) (Zip) 1. Name and Address of Reporting Person*

Avalon Park Group Holding AG

(Last)	(First)	(Middle)							
RIESBACHSTRASSE 57									
(Street)									
ZURICH	V8	8008							
(City)	(State)	(Zip)							

Explanation of Responses:

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 11/21/2022 /s/ Beat M. Kahli, on behalf of Avalon Park Group Holding AG

** 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.