FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Vashington, [	D.C. 20549
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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

						Sect	tion 30(h	) of th	è Ínve	stmen	t Co	mpany Act	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 ]									S. 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) 06/01/2022										Officer (give title Other (specify below) below)						
(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 Formfiled by More than One Reporting							
(City) (State) (Zip)																Perso	on					
		Table	I - N	Non-Deriva	tive	e Se	ecuriti	es A	cqui	red,	Dis	sposed o	of, or I	Benefi	icia	ally Owne	ed					
Date			2. Transaction Date (Month/Day/Ye		Exe if ar	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		D 5)	isposed Of )	(D) (Inst	Acquired (A) or D) (Instr. 3, 4 ar		5. Amount o Securities Beneficially Owned Follo Reported Transaction	owing	6. Owner Form: Di (D) or Indirect ( (Instr. 4)	rect (I)				
									Code	V	A	mount	(A) or (D)	Price		(Instr. 3 and	4)					
Class A Common Stock				06/01/202	.2				P			10,000	A	\$8.28	8	4,485,001		I		By Avalon Park Group Holding AG <sup>(1)</sup>		
Class A Common Stock																650,000		I	I		By Avalon Park International, LLC <sup>(2)</sup>	
		Tal	ble I	I - Derivati (e.g., pu								osed of					d I					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Exed if an	f any '		4. Transaction Code (Instr. 8)				Date E piratic onth/E	on Da		Amo Secu Unde Deriv Secu	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		Form Direc	t (D) Ownershi lirect (Instr. 4)		
					Coc	de \	v (A	) ([	Da Ex	te ercisa	ıble	Expiration Date	n Title	Amous or Number of Shares	er							
1. Name ar <u>Kahli F</u>		Reporting Person*	,																			
	ALON PAR	(First) K GROUP RK EAST BLVD		(Middle) JITE 400																		
(Street)	DO	FL	3	32828																		
(City)		(State)	(	(Zip)																		
		Reporting Person*	<u>AG</u>																			
(Last) RIESBA	CHSTRAS	(First) SE 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 06/02/2022

/s/ Beat M. Kahli, on behalf of

Avalon Park Group Holding 06/02/2022

<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.