FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

<i>N</i> ashington,	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

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	Sect	ion 3	0(h) of	thè Ínv	estn	ment	Company Act	t of	1940)							
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 3801 AVALON PARK EAST BLVD., SUITE 400					3. Date of Earliest Transaction (Month/Day/Year) 02/08/2022 Officer (give title below) below) Other (special below)												pecify				
3801 AV	ALON PAI	KK EAST BLVD	., SUITE 400	4.	4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applica													plicable			
(Street) ORLANDO FL 32828 (City) (State) (Zip)													Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person								
(City)	(30			1			itioo	^ ~~·			Nionoood 4			Donof		ally Own					
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye			ear)	2A. D Execu		Deemed cution Date,		3. Transaction Code (Instr. 8)		4. Securities A Disposed Of (I		Acquired (A) or (D) (Instr. 3, 4 an		5. Amount		of	6. Owner Form: Di (D) or Indirect (Instr. 4)	rect	7. Nati Indired Benef Owner	t cial ship	
									Code V		Amount () or)	Price		Transaction(s) (Instr. 3 and 4)		(1130.4)		(Instr. 4)	
Class A Common Stock 02/			02/08/202	2			P			7,428	1	A	\$11.67		617,428		I		By Avalon Park International, LLC ⁽¹⁾		
Class A Common Stock 02/08			02/08/202	2				P			14,751	1	A	\$11.74		4,304,751		I		By Avalon Park Group Holding AG ⁽²⁾	
		Tal	ble II - Derivat								sposed of s, converti						d		•		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year) i	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Trar	4. Transaction Code (Instr.		5. Numb		6. Date E Expiratio (Month/D		xercisable and n Date		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s; (Instr. 4)		10. Owne Form Direc or Inc (I) (In	t (D) lirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)
		Cod	le V	V (A) (E			Date Exercisal		Expirationale Date	on Tit		Amount or Number of Shares									
1. Name ar <u>Kahli E</u>		Reporting Person*																			
	ALON PAR	(First) K GROUP RK EAST BLVD	(Middle)																		
(Street)		FL	32828																		
(City)		(State)	(Zip)		_																
1. Name a	nd Address of	Reporting Person*																			
(Last) RIESBA	CHSTRAS	(First) SE 57	(Middle)																		
					_	1															

V8

(State)

8008

(Zip)

ZURICH

(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>02/09/2022</u>

/s/ Beat M. Kahli, on behalf of

Avalon Park Group Holding 02/09/2022

<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.