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

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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

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1. Name and Address of Reporting Person* <u>Kahli Beat</u>					2. Issuer Name and 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				08	3. Date of Earliest Transaction (Month/Day/Year) 08/11/2022									fficer (giv elow)		b	other (s elow)	ŕ
(Street) ORLANDO FL 32828				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person Person					
(City) (State) (Zip)																		
		Table	I - Non-Deriva	ative	e Se	curities	Ac	quire	ed, C)isposed o	of, or	Benef	icially O	vned				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea				Execution Date,		·,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 5)		ed (A) or tr. 3, 4 an	nd Securities 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) or (D)	Price	Transac (Instr. 3	tion(s)	<u> </u>			•
Class A Common Stock 08/11/2022				22				P		10,000	A	\$9.40	6 4,94	4,940,000				
Class A Common Stock													650	,000	I		Park	valon national,
		Tal	ble II - Derivat											ned	<u> </u>			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	(e.g., pt 3A. Deemed Execution Date, if any (Month/Day/Year)	4. Trar	nsact de (Ins	5. Nu	rative rities rired rosed)	6. Date Ex Expiration (Month/Da		ercisable and n Date	7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)		8. Price Derivat Securit (Instr. 5	ve deriv Secu Bene Own Follo Repo Tran	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		ership : t (D) direct str. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Cod	le V	' (A)	(D)	Date Exe	e ercisab	Expiration Date	n Title	Amou or Numb of Shares	er					
1. Name and Address of Reporting Person* Kahli Beat										,	•	•	•	•				
(Last) (First) (Middle) C/O AVALON PARK GROUP 3801 AVALON PARK EAST BLVD., SUITE 400																		
,	ALONTAI	EAST BLVD	., SOTTE 400															
(Street) ORLANDO FL 32828		32828																
(City)		(State)	(Zip)															
1. Name and Address of Reporting Person* <u>Avalon Park Group Holding AG</u>																		
(Last) RIESBA	.CHSTRAS	(First) SE 57	(Middle)															
(Street)																		

V8

(State)

8008

(Zip)

ZURICH

(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 08/11/2022

/s/ Beat M. Kahli, on behalf of

Avalon Park Group Holding 08/11/2022

<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.