FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	
vvaoriingtori,	D.O.	20040	

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

				OI	Seci	ion 30(n) (יווו וכ	e mves	simeni	Com	pany Aci	01 19	40							
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						
	(Fir ALON PAR ALON PAF	,	Middle)			Date of Earliest Transaction (Month/Day/Year) 3/06/2021									Office below	er (give v)	title		other (s elow)	pecify
(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 Form filed by More than One Reporting						
(City)	(St	ate) (Z	(ip)		Person															
		Table	I - Non-Deriva	ative	e Se	curities	s A	cquir	ed, I	Disp	osed o	of, o	Bene	fici	ally Own	ed				
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Ye	ear)	2A. Deem Execution if any (Month/Da		•,	3. Transaction Code (Instr. 8)		Disposed Of (D		(D) (In	Acquired (A) or D) (Instr. 3, 4 an		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	Amo	ount	(A) oi (D)	Price		Transaction (Instr. 3 and					
Class A (Common St	ock	08/06/202	1				P		5,	,100	A	\$11.	28	350,00	00	I	By Avalo Park Internation LLC ⁽¹⁾		national,
Class A (Common St	ock													4,125,0	90	I		By Avalon Park Group Holding AG ⁽²⁾	
		Tal	ole II - Derivati (e.g., pu													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. Trar	4. Transaction Code (Instr.		5. Numb		6. Date Expiration (Month/Dies 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. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Cod	de V	/ (A) (E			Date Exercisab		Expiration Date	n Tit	Amor or Numl of Share	ber						
1. Name ar <u>Kahli F</u>		Reporting Person*											'					,		
	ALON PAR	(First) K GROUP RK BLVD., SUIT	(Middle)																	
(Street)																				
ORLAN	DO	FL	32828																	
(City)		(State)	(Zip)																	
		Reporting Person* Oup Holding /	AG																	
(Last)	CHSTRAS	(First) SE 57	(Middle)																	
(Street)																				

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>08/09/2021</u>

/s/ Beat M. Kahli, on behalf of

Avalon Park Group Holding 08/09/2021

<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.