FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	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

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

				or	r Secti	ion 30(h)	of th	e Inves	tment	Con	npany Ac	t of 194	0										
1. Name and Address of Reporting Person* Kahli Beat (Last) (First) (Middle) C/O AVALON PARK GROUP 3801 AVALON PARK EAST BLVD., SUITE 400					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								
					3. Date of Earliest Transaction (Month/Day/Year) 11/09/2021										Office below	er (give v)	title		Other (specify below)				
(Street)	DO FL	3	2828	4.	. If Am	nendment,	Dat	e of Or	iginal	Filed	d (Month/I	Day/Yea	r)	6. I Lin	e) Form Y Form	filed by	y One Re	portino	g (Check Applicable orting Person one Reporting				
(City)	(Sta	ate) (Z	tip)	Person																			
		Table	I - Non-Deriva	ativ	e Se	curitie	s A	cquir	ed, I	Dis	posed (of, or	Benef	icia	ally Owne	ed							
Date		2. Transaction Date (Month/Day/Ye		2A. Deemed Execution Date, if any (Month/Day/Year)			3. Transactio Code (Inst 8)		Disposed Of (D 5)		Acquired (A) or (D) (Instr. 3, 4 and			Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)					
								Code	v	Am	ount	(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)								
Class A C	Common Sto	ock	11/09/202	1				P		1	2,254	A	\$12.6	3	415,00	00	I		Park	national,			
Class A C	Common Sto	ock													4,165,0	90	I		By Avalon Park Group Holding AG ⁽²⁾				
		Tal	ole II - Derivati	ive	Sec	urities	Ac	quire	d, Di	ispo	osed of	, or B	enefic	ial	ly Owned	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. Tra	unsacti de (Ins	5. N of Str. Deri Sec Acq (A) o Disp of (I	vativ vativ uritie uirec or oosee O) tr. 3,	6. Date E Expiration (Month/D		xercisable and n Date		7. Ti Amo Seci Und Deri Seci	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. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4		11. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Cod	de V	(A) (D			Date Exercisal		Expiratio Date	n Title	Amou or Numb of Share	er									
1. Name ar <u>Kahli E</u>		Reporting Person*					_	•				•	•										
	ALON PAR	(First) K GROUP RK EAST BLVD	(Middle)																				
5001 AV	ALON PAR	TR EAST BLVD	., 5011E 400																				
(Street)	DO	FL	32828																				
(City)		(State)	(Zip)																				
		Reporting Person* oup Holding /	<u>\G</u>																				
(Last) RIESBA	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>11/10/2021</u>

/s/ Beat M. Kahli, on behalf of

Avalon Park Group Holding 11/10/2021

<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.