FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL					
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* Kahli Beat				2. Issuer Name and Ticker or Trading Symbol <u>VOXX International Corp</u> [VOXX]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner Officer (give title Other (specify								
(Last) (First) (Middle) C/O AVALON PARK GROUP					3. Date of Earliest Transaction (Month/Day/Year) 11/10/2022								belo				below)	pcony		
3801 AV	ALON PAI	RK EAST BLVI	D., SUITE 400	4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable							
(Street) ORLANDO FL 32828			-								Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person									
(City)	(St	ate) (Zip)																	
		Table	l - Non-Deriv	ative	Se	cu	rities A	cqui	red, I	Disposed	of, o	[.] Benefi	icially Ow	ned						
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Y	ear) i	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		5)		ed (A) or str. 3, 4 and	5. Amount of 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	Transactio (Instr. 3 a	on(s) nd 4)	. ,		Ĺ			
Class A (Common St	ock	11/10/202	22				Р		21,715	A	\$10.7	71 5,321,715		I Pa Ho					
Class A (Common St	ock	11/11/202	22				Р		25,000	A	\$10.9	92 5,346,715		I Par Hol					
Class A (Common St	ock											800,0	000	I		Park	national,		
		Та	ble II - Derivat (e.g., p											ed						
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. Trans Code	sacti	on	5. Numb of Derivati Securiti Acquire (A) or Dispose of (D) (Instr. 3, and 5)	oer 6. I Ex ve (Me es d	Date E piratio	ions, convertible secu ate Exercisable and ration Date nth/Day/Year)		Fitle and nount of curities derlying rivative curity (Inst	8. Price o Derivative Security (Instr. 5)	e deriv Secu Bene Owne Follo Repo	rities ficially ed wing rted saction(s)	Form Direct or In	vnership of Indi			
				Code	e V		(A) (E	Da D) Ex	ite ercisa	Expiratio	n Tit	Amour or Numbe of Shares	er							
		Reporting Person	×																	
<u>Kahli I</u>	<u>Beat</u>				_															
	ALON PAR	(First) K GROUP RK EAST BLVI	(Middle) D., SUITE 400																	
(Street) ORLAN	IDO	FL	32828																	
(City)		(State)	(Zip)																	
1. Name a	nd Address of	Reporting Person	*]															

<u>Avalon Park Group Holding AG</u>

(Last) (First) RIESBACHSTRASSE 57

(Street)

(Middle)

ZURICH	V8	8008				
(City)	(State)	(Zip)				

Explanation of Responses:

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	<u>11/11/2022</u>
/s/ Beat M. Kahli, on behalf of	
Avalon Park Group Holding	11/11/2022
AG	
** 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.