FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	
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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

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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																
(====)						Date of Earliest Transaction (Month/Day/Year) //20/2021									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 Ac	quir	ed, I	Dispo	sed o	of, oı	Benef	fici	ally Own	ed														
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Ye	ear)	Exec if an	Deemed cution Date y nth/Day/Yea	,	3. Transaction Code (Instr. 8)		Disposed Of (I 5)		Acquired (A) or D) (Instr. 3, 4 ar		Securities Beneficially Owned Following Reported		owing	6. Owners Form: Dire (D) or Indirect (I) (Instr. 4)		7. Nati Indired Benefi Owner (Instr.	ct icial rship											
								Code	V	Amoui	nt	(A) or (D)	Price		Transaction (Instr. 3 and															
Class A (Common St	ock	10/20/202	1				P		10,0	00	A	\$11.2	21	375,00	00	I	I By Avalor Park Internation LLC ⁽¹⁾		national,										
Class A (Common St	ock													4,150,090		4,150,090		4,150,090		4,150,090		4,150,090		4,150,090		I	I By Avalon Park Group Holding AG ⁽²⁾		Group ing
		Tal	ole II - Derivati													d														
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Trar	nsact de (Ins	5. Nu	umbe vative irities uired or osed o)	6. Date E Expiratio (Month/D		xercisable and		7. Title and Amount of Securities Underlying Derivative Security (In: 3 and 4)			8. Price of Derivative Security (Instr. 5)			10. Ownersh Form: Direct (D or Indirec (I) (Instr.		Beneficial Ownership t (Instr. 4)										
				Cod	de V	v (A) (E			Date Exercisal		piratio te	n Titi	Amou or Numb of e 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 A	<u>\G</u>																											
(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:

/s/ Beat M. Kahli 10/21/2021

/s/ Beat M. Kahli, on behalf of

Avalon Park Group Holding 10/20/2021

<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.