FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL										
OMB Number:	3235-0287									
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0.5

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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

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

Name and Address of Reporting Person* <u>Kahli Beat</u>					2. Issuer Name <b>and</b> Ticker or Trading Symbol VOXX International Corp [ VOXX ]									S. Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director X 10% Owner  Office of the other Consults.						
	ALON PAR	()					Date of Earliest Transaction (Month/Day/Year) 1/19/2022								Office belov	er (give v)	title		other (s elow)	pecify
(Street) ORLANDO FL 32828			4. 1	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 Person							
(City)	(Sta	ate) (Z	Zip)																	
4 Till	0				_			es A	cquir	ed, I					cially Own	_			7 11-4-	
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Year			ar) if any		ution Da	ion Date, /Day/Year)		ction Instr.	5)		r. 3, 4 and	Beneficially Owned Foll Reported	owing	6. Owner Form: Di (D) or Indirect ( (Instr. 4)	rect	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
			4		_			Code	\ <u>\</u>	Amount	_	(A) or (D)	Price	Transaction (Instr. 3 and						
Class A (	Common Sto	ock		01/19/2022	2				P		10,00	0	A	\$10.12	2 480,00	00	I	I By Avalon Park International, LLC(1)		
Class A (	Class A Common Stock														4,200,000		I		By Avalon Park Group Holding AG <sup>(2)</sup>	
		Tal	ole II	- Derivati (e.g., pu											ally Owner	d				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date E (Month/Day/Year) if	Exec if any	A. Deemed 4 xecution Date, T		4. Transaction Code (Instr. 8)		5. Numb		per 6. Date E Expiratio (Month/D etc.)		Exercisable and on Date		tle and bunt of urities erlying vative urity (Insti d 4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)		Form Direct or Inc		11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Cr		e V	, (A	) (1	Dai D) Exc	te ercisa	Expii ble Date	atior	n Title	Amoun or Numbe of Shares	per					
1. Name aı <mark>Kahli E</mark>		Reporting Person*																		
(Last)		(First) K GROUP	(N)	Middle)																
3801 AV	ALON PAR	K EAST BLVD	., SU	ITE 400																
(Street) ORLAN	DO	FL	3.	32828																
(City)		(State)	(Z	Zip)																
1. Name and Address of Reporting Person* <u>Avalon Park Group Holding AG</u>																				
(Last) (First) (Middle) RIESBACHSTRASSE 57																				

V8

(State)

8008

(Zip)

(Street) 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>01/20/2022</u>

/s/ Beat M. Kahli, on behalf of

Avalon Park Group Holding 01/20/2022

<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.