SEC Form 4

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								

to Sec obligat	this box if no l tion 16. Form 4 tions may conti ction 1(b).	or Form 5	STATEME	d pursua	ant t	to Sectio	n 16	(a) of th	ne Sec	ENEFIC curities Excha Company Ac	inae Ai	ct of 1934		RSHIP		OMB Numb Estimated a hours per n	average	e burde	235-0287 n 0.5
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					vner		
(Last) (First) (Middle) C/O AVALON PARK GROUP					3. Date of Earliest Transaction (Month/Day/Year) 06/02/2022								Officer (give title Other (specify below) below)						
3801 AVALON PARK EAST BLVD., SUITE 400 (Street) ORLANDO FL 32828					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)	(Si		Zip)																
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yet)				n 2 E 'ear) if	2A. Deemed Execution Date, ear) if any			3. 4. Securities Acquired (A) or Transaction Code (Instr. 5)				r 5. Amount of Securities Beneficially			Form: Direct (D) or		Indired Benefi	7. Nature of Indirect Beneficial	
					Mont	th/Day/Ye	ear)	8) Code	v	Amount	(A) o (D)	r Price	Owned Following Indirect (I) Reported (Instr. 4) rice Transaction(s) (Instr. 3 and 4)			Owner (Instr.			
Class A G	s A Common Stock 06/02/2022		22				Р		9,999	A	A \$8.24		4,495,000		I				
Class A Common Stock												650,00	000 I		Park		valon national,		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)	Title of 2. 3. Transaction Date 2. Conversion Date 2. (Month/Day/Year) if any Code (Instr. Derivative or Exercise (Month/Day/Year)		ivativ uritie juired or posed D) tr. 3,	Expiration Date (Month/Day/Year) Amount of Securities Underlying d Derivative Security (In 3 and 4)				str. Derivative deri Security Security (Instr. 5) Ben Owr Follk Rep Trar		deriva Secur Benef Owne Follow Repor Trans	curities For meficially Dire vned or I). 11. Nature of Indirect orm: Beneficial irrect (D) (Instr. 4)						
				Code	v	(A)	(D)) Dat	e ercisat	Expiratio	on Tit	Amou or Numb of Ie Share	ber						
1. Name ar <u>Kahli F</u>		f Reporting Person	*																
	ALON PAR ⁄ALON PAI	(First) K GROUP RK EAST BLVI	(Middle) D., SUITE 400																
(Street) ORLAN	DO	FL	32828																

(City) 1. Name and Address of Reporting Person*

Avalon Park Group Holding AG

(State)

(Zip)

(Last)	(First)	(Middle)								
RIESBACHSTRASSE 57										
(Street)										
ZURICH	V8	8008								
(Citv)	(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 06/03/2022 /s/ Beat M. Kahli, on behalf of Avalon Park Group Holding 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.