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(h)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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1. Name and Address of Reporting Person* <u>Kahli Beat</u>					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							
	(Last) (First) (Middle) C/O AVALON PARK GROUP B801 AVALON PARK EAST BLVD., SUITE 400				3. Date of Earliest Transaction (Month/Day/Year) 01/14/2022										Officer (give title Other (specify below) below)						
(Street) ORLANDO FL 32828			2828	. 4	If Amendment, Date of Original Filed (Month/Day/Year)							ır)	Lin	e) Form	filed by	Group Filing (Check App One Reporting Person More than One Report		n .			
(City) (State) (Zip)																					
		Table	I - Non-Deriva	ativ	/e Se	curiti	es A	cquii	red, I	Dis	posed (of, or	Benef	icia	ally Owne	ed					
, , , ,		Date	2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr 8)		5)		(D) (Inst	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)			
									V	Amount		(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)						
Class A (Class A Common Stock 01		01/14/202	2				P		32,139		A	\$10.37		457,139		I		By Avalon Park International, LLC ⁽¹⁾		
Class A (Common St	nmon Stock											4,192,8	361 I			By Avalon Park Group Holding AG ⁽²⁾				
		Tal	ole II - Derivat	ive	Sec	urities	s Ac	quire	d, Di	isp	osed of	, or B	enefic	iall	y Owned	d I					
	1.		(e.g., pı	_	, cal							_		ies)	-			l			
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)		ansact ode (In	tion of str. De Se Ac (A Di of (In			piratio	xercisable and n Date lay/Year)		Amo Sec Und Deri Sec	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)		Form Direc or Inc		Beneficial Ownership ect (Instr. 4)	
				Co	ode \	/ (A	(A) (D) Exercisable Expiration Date Title Shares														
1. Name aı <u>Kahli I</u>		Reporting Person*					•	•				•									
	ALON PAR		(Middle)																		
3801 AV	ALON PAF	RK EAST BLVD	., SUITE 400																		
(Street) ORLAN	DO	FL	32828																		
(City)		(State)	(Zip)																		
		Reporting Person*	AG																		
(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>01/18/2022</u>

/s/ Beat M. Kahli, on behalf of

Avalon Park Group Holding 01/18/2022

<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.