FORM 3

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

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

OMB APPROVAL							
OMB Number: 3235-0104							
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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*  KLIPSCH FRED S	2. Date of Event Requiring Stater (Month/Day/Yea 07/21/2011	nent	3. Issuer Name and Ticker or Trading Symbol AUDIOVOX CORP [ VOXX ]					
(Last) (First) (Middle) C/O AUDIOVOX CORPORATION			Relationship of Reporting Per (Check all applicable)     X Director	on(s) to Issuer 10% Owner		5. If Amendment, Date of Original Filed (Month/Day/Year)		
180 MARCUS BLVD			Officer (give title Obelow) be			6. Individual or Joint/Group Filing (Check Applicable Line)		
(Street) HAUPPAUGE NY 11788							y One Reporting Person y More than One erson	
(City) (State) (Zip)								
	Table I - Nor	-Derivati	ive Securities Beneficia	lly Owned				
1. Title of Security (Instr. 4)			. Amount of Securities teneficially Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)		
No Securities Beneficially Owned			0	D				
(			e Securities Beneficially nts, options, convertibl		s)			
1. Title of Derivative Security (Instr. 4) 2. Date Exercisal Expiration Date (Month/Day/Year		ate	3. Title and Amount of Secu Underlying Derivative Secu	ty (Instr. 4) Conver		rcise Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
				Amount	Price of Derivativ Security	Direct (D) or Indirect (I) (Instr. 5)		

Explanation of Responses:

Remarks:

/s/ Fred S. Klipsch 07/21/2011

\*\* 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 5 (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.