FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STA	TEM	IEN'	T OI	F CH	ANG

ES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden 0.5 hours per response:

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

1. Name and Address of Reporting Person* **Avalon Park Group Holding AG**

RIESBACHSTRASSE 57

(Street) ZURICH (First)

V8

(Middle)

8008

(City)	(State)		(Zip)															
(Street) ORLANDO	FL		32828		_													
C/O AVALON P. 3801 AVALON I	ARK GROUP PARK EAST BLV	D., SI	UITE 400		_													
(Last)	(First)		(Middle)		-													
1. Name and Addres Kahli Beat	s of Reporting Persor	n*					•	-		•		-		-				
				Code	e v	(A)	(D)	Dat Exe	te ercisal	Expiration Date	ı Title	Amount or Number of Shares						
Derivative Conversion Date Security Or Exercise (Month/Day/Year) if a		Exe if ar			Transaction Code (Instr. 8)		n of E		Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4		11. Nature of Indirect Beneficial Ownership (Instr. 4)
	Ta	able	II - Derivati (e.g., pu							sposed of, s, converti				d				
Class A Common Stock												5,000)	D				
Class A Common Stock		10/06/202	23			S			201,250	D	\$10	598,750		I		By Avalon Park International, LLC ⁽²⁾		
Class A Commor	Stock		10/06/2023	3				S		1,367,500	D	\$10	4,102,500		I	I By Avalo Park Grou Holding AG ⁽¹⁾		Group ng
								Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4) (Instr		(Instr. 4	1)
1. Title of Security (Instr. 3) 2. Transact Date		2. Transaction	Execution Date,		, [4. Securities A	Acquired (A) or (D) (Instr. 3, 4 and		Beneficially Owned Following				7. Nature of Indirect Beneficial Ownership			
	Table	e I - I	Non-Deriva	tive	Se	curities	s Ac	quir	ed, [Disposed o	of, or E	Benefic	ially Own	ed				
(City) (State) (Zip)			Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.															
ORLANDO	FL	3282	8	Ri	ule 10b5-1(c) Transaction Indication						on	X Form		y More th	an One	Repor	rting	
3801 AVALON PARK EAST BLVD., SUITE 400 (Street)				4. lf									Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person					
C/O AVALON PARK GROUP				10/06/2023 President														
(Last) (First) (Middle)			3. Date of Earliest Transaction (Month/Day/Year)									X Officer (give title below) Other (specify below)						
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						
				_		. ,				Company Act	25-10							

-			
(City)	(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:

<u>/s/ Beat M. Kahli</u> <u>10/10/2023</u>

s/ Beat M. Kahli, on behalf of Avalon Park Group Holding

10/10/2023

<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.