

AUDIOVOX CORP
Form 4/A
August 14, 2007

FORM 4

**UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549**

OMB APPROVAL

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *
LESSER PETER A

(Last) (First) (Middle)

C/O AUDIOVOX CORP, 180
MARCUS BLVD.

(Street)

HAUPPAUGE, NY 11788-0518

(City) (State) (Zip)

2. Issuer Name and Ticker or Trading Symbol
AUDIOVOX CORP [VOXX]

3. Date of Earliest Transaction
(Month/Day/Year)
08/02/2007

4. If Amendment, Date Original Filed(Month/Day/Year)
08/06/2007

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

Director 10% Owner
 Officer (give title below) Other (specify below)

6. Individual or Joint/Group Filing(Check Applicable Line)
 Form filed by One Reporting Person
 Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Beneficial Ownership (Instr. 4)
				(A) or (D)	Amount		
				Code	V		
					Price		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

SEC 1474 (9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security	2. Conversion or Exercise	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any	4. Transaction Code	5. Number of Derivative Securities	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)

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(Instr. 3)	Price of Derivative Security	(Month/Day/Year)	(Instr. 8)	Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)						
			Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (Right to Buy) ⁽¹⁾	\$ 10.9	08/02/2007	A		1,666		08/31/2007	08/31/2010	Class A Common	1,666
Stock Option (Right to Buy) ⁽¹⁾	\$ 10.9	08/02/2007	A		1,666		11/30/2007	11/30/2010	Class A Common	1,666
Stock Option (Right to Buy) ⁽¹⁾	\$ 10.9	08/02/2007	A		1,668		02/28/2008	02/28/2011	Class A Common	1,668
Stock Option (Right to Buy)	\$ 10.9	08/02/2007	A		5,000		08/31/2007	09/09/2009	Class A Common	5,000
Stock Option (Right to Buy)	\$ 10.9	08/02/2007	A		5,000		11/30/2007	09/09/2009	Class A Common	5,000
Stock Option (Right to Buy)	\$ 10.9	08/02/2007	A		5,000		02/28/2008	09/09/2009	Class A Common	5,000

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
LESSER PETER A C/O AUDIOVOX CORP 180 MARCUS BLVD. HAUPPAUGE, NY 11788-0518	X			

Signatures

/s/ Peter A.
Lesser

08/13/2007

__Signature of
Reporting Person

Date

Explanation of Responses:

- * 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).

(1) These grants were incorrectly reported as one grant of an option to purchase 5,000 shares.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.