FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	DC	205/19
wasiiiiiqtoii,	D.C.	20049

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-028								
Estimated average burden								
hours por response:								

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 Instruction 1(b)

1. Name and Address of Reporting Person* Ammari Ramzi						2. Issuer Name and Ticker or Trading Symbol UNIVERSAL ELECTRONICS INC UEIC										ck all appl Direct Office	tor er (give title		10% Ow Other (s	/ner
(Last) (First) (Middle) 15147 N. SCOTTSDALE ROAD						3. Date of Earliest Transaction (Month/Day/Year) 05/10/2023									below		nninį	below) g & Strateg	gy	
(Street)	SDALE A	Z	85254		4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S	ŕ	(Zip)	n Doriv		Rule 10b5-1(c) Transaction Indication 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. ive Securities Acquired, Disposed of, or Beneficially Owned												ded to		
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)				ction	tion 2A. Deemed Execution Date,			Ì	3. Transacti Code (Ins	ion	4. Secur	rities Acqued Of (D) (I	ired (A	5. Amo 4 and Securit Benefic Owned		ount of 6. ties Fo (D (I) (I) (I) (I) (I) (I)		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership	
										Code	v	Amount	(A) (D)	or Pr	ice		ted action(s) 3 and 4)			(Instr. 4)
Common	Stock			05/10	/2023					M		664	1 A		(1)	22	22,203		D	
Common	Stock			05/10	/2023					F		277	277 ⁽²⁾ D \$8.55 ⁽³⁾ 21,92 ⁽⁴⁾			,926		D		
		Ta	able II -							ired, Di options						Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deer Execution if any (Month/I			ransaction ode (Instr.		n Number		i. Date Exei Expiration I Month/Day	Date	Amount of			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(: (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)		Oate Exercisable		xpiration ate	Title	Amo or Num of Shar	ber					
Restricted Stock Units	(1)	05/10/2023			M			664		(4)		(4)	Commor Stock	66	4	\$0.00	20,318	3	D	
Employee Stock Option (Rt. To Buy)	(5)									(6)		(6)	Commor Stock	0			97,280 ⁽⁷	7)	D	

Explanation of Responses:

- 1. Each restricted stock unit represents a contingent right to receive one share of UEI common stock.
- 2. This transaction represents a withholding of shares to cover taxes applicable to a vesting of RSUs also reported on this Form 4.
- 3. Price determined in accordance with the terms of the Company's applicable Stock Incentive Plan.
- 4. The restricted stock units vest in accordance with the vesting schedule of each RSU Grant.
- 5. Exercise Price determined in accordance with the terms of the Company's applicable Stock Incentive Plan.
- 6. The Exercisable and Expiration Dates were reported at the time the Stock Options were granted.
- 7. This figure represents an aggregate number of stock options held by Reporting Person.

Remarks:

/s/Ramzi Ammari, by Valerie J. Ballard, pursuant to Limited Power of Attorney dated January 22, 2020

05/12/2023

** 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.