FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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Washington D.C. 20549

Check this box if no longer subject to	STAT
Section 16. Form 4 or Form 5	
obligations may continue. See	
Instruction 1(b).	

TEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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* KOOPMANS MENNO (Last) (First) (Middle) 15147 NORTH SCOTTSDALE ROAD H300] 3. D	Issuer Name and Ticker or Trading Symbol UNIVERSAL ELECTRONICS INC I UEIC 3. Date of Earliest Transaction (Month/Day/Year) 02/19/2022									S. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director					
(Street) SCOTTSDALE AZ 85254 (City) (State) (Zip)					-	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transactic Date (Month/Day/				ction	ion 2A. Deemed Execution Date, if any		3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4)		d (A) or	5. Amount of Securities Beneficially Owned Followin		int of es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership					
									Code	v	Amount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common	Stock			02/19/	2022				М		2,328	A	(1)	9,789			D		
Common Stock			02/19/2022				F		1,225(2	2) D \$3		.16 ⁽³⁾	8,	8,564		D				
		Т	able II								oosed of converti				wned					
1. Title of Derivative Security (Instr. 3)	Conversion Date Execu or Exercise (Month/Day/Year) if any					ransaction of Deriv Secu Acqu (A) o Disp		ivative urities uired or oosed D) tr. 3, 4	6. Date Exercis Expiration Dat (Month/Day/Ye		te	7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		De Se (Ir	3. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly Owr Forr Dire or Ir (I) (I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amou or Numb of Share	er						
Restricted Stock Units	(1)	02/19/2022			M			2,328	(4)		(4)	Common Stock	2,32	8	\$0.00	8,907		D		
Employee. Stock Options (Rt. To	(5)								(6)		(6)	Common Stock	0			45,540 ⁽	(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.
- ${\it 4.} \ {\it The restricted stock units vest in accordance with the vesting schedule of each RSU \ Grant.$
- 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/Menno Koopmans by Valerie J. Ballard pursuant to <u>Limited Power of Attorney</u> dated February 3, 2017

02/22/2022

** Signature of Reporting Person

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.