FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| wasnington, | D.C. | 20549 |  |
|-------------|------|-------|--|
|             |      |       |  |

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

|        | OMB APPROVAL             |       |  |  |  |  |  |  |  |  |
|--------|--------------------------|-------|--|--|--|--|--|--|--|--|
| ОМВ    | OMB Number: 3235-0287    |       |  |  |  |  |  |  |  |  |
| Estima | Estimated average burden |       |  |  |  |  |  |  |  |  |
| hours  | per response             | : 0.5 |  |  |  |  |  |  |  |  |

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*  Hamilton Sue Ann  (Last) (First) (Middle)  15147 N SCOTTSDALE ROAD SUITE H300                      |        |            | <u>UI</u> ]    | Issuer Name and Ticker or Trading Symbol     UNIVERSAL ELECTRONICS INC     One of Earliest Transaction (Month/Day/Year)     01/01/2022 |      |   |                                   |       |             |  |      | (Che             | eck all app<br>X Direc                              | icable)<br>tor<br>er (give title  | ng Per                               | son(s) to Iss<br>10% Ov<br>Other (s<br>below)                   | vner   |   |                       |            |
|--|--------|------------|----------------|--|------|---|-----------------------------------|-------|-------------|--|------|------------------|---|---|--------------------------------------|---|--|---|-----------------------|------------|
| (Street)   | DALE A | itate)     | 85254<br>(Zip) |  | -    | 4. If Amendment, Date of Original Filed (Month/Day/Year)  6. Individual or Joint/Group Filing (Check Appli Line)  X Form filed by One Reporting Person  Form filed by More than One Reportin Person |                                   |       |             |  |      |                  | n   |   |                                      |   |  |   |                       |            |
| 1. Title of Security (Instr. 3)  2. Translate Date   |        | 2. Trans   | action         | 1  |      | emed<br>ion Date  | 3.<br>Transaction<br>Code (Instr. |       | tion        |  |      |                  | (A) or  | 5. Amo<br>Securit<br>Benefic  | unt of<br>ies<br>cially<br>Following | Forn<br>(D) o   | n: Direct<br>or Indirect<br>nstr. 4)                               | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership |                       |            |
|  |        |            |                |  |      |   |                                   |       | Ī           | Code   | v    | Amount           | (4  | A) or<br>D)   | Price                                | Transa  | Reported<br>Transaction(s)<br>(Instr. 3 and 4)                     |   |                       | (Instr. 4) |
| Common Stock   |        |            | 01/0           | 1/2022   |      |   |                                   |       | М           |  | 1,25 | 0 A              |   | (1)   | 1                                    | 10,833  |  | <b>I</b> <sup>(2)</sup>                             | See<br>Footnote<br>#2 |            |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |        |            |                |  |      |   |                                   |       |             |  |      |                  |   |   |                                      |   |  |   |                       |            |
| Security or Exercise (Month/Day/Year) if any   |        |            |                | ransaction of ode (Instr. Derivative   |      | 6. Date Exercisable at<br>Expiration Date<br>(Month/Day/Year)   |                                   |       |             | and 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative Secu<br>(Instr. 3 and 4) |      |                  | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | e<br>s<br>Illy                       | Ownershi<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4 | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |   |                       |            |
|  |        |            |                |  | Code | v   | (A)                               | (D)   | Date<br>Exe | e<br>ercisable   |      | kpiration<br>ate | Title   | or<br>Ni<br>of  | umber                                |   |  |   |                       |            |
| Restricted<br>Stock<br>Units   | (1)    | 01/01/2022 |                |  | M    |   |                                   | 1,250 |             | (3)  |      | (3)              | Comm  |   | ,250                                 | \$0.00  | 2,500  | )   | D                     |            |

## **Explanation of Responses:**

- 1. Each restricted stock unit represents a contingent right to receive one share of UEI common stock.
- 2. These shares are held in the Sue Ann R. Hamilton Trust Account. Ms. Hamilton disclaims ownership of the shares held by the Trust.
- 3. These restricted stock units are one-fourth of the total granted on July 1, 2021, which original grant was awarded as director compensation and generally vests and is paid quarterly on the first day following the end of each calendar quarter.

## Remarks:

/s/SueAnn R Hamilton, by
Valerie J. Ballard, pursuant to
Limited Power of Attorney
dated November 12, 2019

01/04/2021

(attached)

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.