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FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 Form 3

OMB APPROVAL OMB Number: 3235-0104 Expires: May 31, 2021 Estimated average burden hours per response

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

(Fillit of Type Responses)								nours per response		
1. Name and Address of Reporting Person*			2. Date of Event Requiring Statement		3. Issuer Name and Ticker or Trading Symbol					
Wood	Barry	R.	(Month/D	ay/Year)	APEL, IIIC. APEL					
(Last)	(First)	(Middle)	07/17/20			Reporting Person(s) to Issuer eck all applicable)		5. If Amendment, Date Original Filed (Month/Day/ Year)		
618 W. Sunset					Director	10% Owner		rear)		
	(Street)	50016			X Officer (give Other (specify title below) below) Sr. Vice President/CFO			6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person		
San Antonio	Texas	78216			SI. VICE I	resident/CFO	-	XForm filed by More than One ReportingPerson		
(City)	(State)	(Zip)	Table I — Non-Derivative Securities Beneficially Owned							
1. Title of Security (Instr. 4)					nt of Securities cially Owned 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of (Instr. 5)	Indirect Beneficial Ownership		
Common Shares in XPEL, Inc.				30,000		D				

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 5(b)(v).

2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Unerivative Security (Instr. 4)	Price of Deri-	ship Form of Deriv-	Beneficial Ownership (Instr. 5)	
Date Expi Exer- cisable Date	Expira- tion Date	Title	Amount or Number of Shares	Security	Direct (D) or Indirect (I) (Instr. 5)	
	cisab Expir Date (Monti	Date (Month/Day/Year) Date Expiration	Date (Month/Day/Year) Date Expiration	Date (Month/Day/Year) Date Expiration Title Amount or Number of	Date (Month/Day/Year) Date Expiration Date Title Date Title Amount or Number of	cisable and Expiration Date (Month/Day/Year) Date Exercise (Month/Day/Year) Date Exercise Price of Derivative Security Cisable Date Title Date Expiration (Instr. 4) Amount or Number of Number of Indirect (I)

Explanation of Responses:

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations.

**Signature of Reporting Person

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.

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.