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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 E	vent Statement	3. Issuer Name and Ticker or Trading Symbol					
Klonne	Michael		(Month/D	ay/Year)	XPEL, Inc. XPEL					
(Last)	(First)	(Middle)	07/17/2		4. Relationship of R	eporting Person(s)	to Issuer	5. If Amendment, Date Original Filed (Month/Day/		
618 W. Sunset					X Director	10%	Owner	Year)		
	(Street)				Officer (give Other (specify title below) Other (specify below) 6. Individual or Joint/O					
San Antonio	Texas	78216						Form filed by One Reporting Person 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.				50,425		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).

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underivative Security (Instr. 4)	4. Conversion or Exercise Price of Deri-	ship Form of Deriv- ative	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
	Date Exer- cisable	Expira- tion Date	Title	Amount or Number of Shares	vative Security	Security: Direct (D) or Indirect (I) (Instr. 5)	

Explanation of Responses:

** 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.

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.

/s/ Michael Klonne 07/22/2019

**Signature of Reporting Person

Date