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FORM 3

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

OMB APPROVAL
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hours per response 0.5

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

(Print or Type Responses)

(11mt of Type Responses	,							nous per responser r r r r vie		
1. Name and Address of Reporting Person*			2. Date of Event Requiring Statement		3. Issuer Name and					
Constantine	John	A.	(Month/D		XPEL, Inc. XI					
(Last) 618 W. Sunset	(First)	(Middle)	07/17/20)19	4. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner			5. If Amendment, Date Original Filed (Month/Day/ Year)		
616 W. Sullset	(Ct===t)		-			eOthe	r (specify			
San Antonio	(Street) Texas	78216			title	e below)	below)	6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person		
(City)	(State)	(Zip)						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.				1,834,332		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).

Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		sion or Exercise Price of Deri-	ship Form of Deriv-	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:

**Signature of Reporting Person ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. Date 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/ John A. Constantine 07/22/2019