FORM 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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ANNUAL STATEMENT OF CHANGES IN BENEFICIAL

	OMB APP	ROVAL						
	OMB Number: 3235-0362							
	Estimated average burden hours per response: 1.0							

Check	Washington, D.C. 20049									OMB APPROVAL								
to Section 16 Form 4 or Form 5				STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP						Est	OMB Number: 3235-03 Estimated average burden hours per response:							
Form 3	3 Holdings Rep		O THILLION III							nou	ırs per r	esponse:	1.0					
Form 4	4 Transactions I	Reported.	Filed	d pursuant to S or Section 3														
1. Name and Address of Reporting Person* <u>Tavares Robert</u>				2. Issuer Name and Ticker or Trading Symbol KVH INDUSTRIES INC \DE\ [KVHI]								5. Relationship of Reporting Pers (Check all applicable) X Director Officer (give title below)				. ,	son(s) to Issuer	
(Last) (First) (Middle) 50 ENTERPRISE CENTER				3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2020							y/Year)					Other (specify below)		
				4. If Amend	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) MIDDLETOWN RI 02842													X Form filed by One Reporting Person Form filed by More than One Reporting					
(City)	(Sta	ate) (Person							
		Table	I - Non-Deriva	ative Secu	rities	s Acq	uire	d, Dis	posed	of, or	Benefic	iall	y Own	ed				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year)				if any	execution Date, Transaction Of (D) (Instr. 3, 4 and 5)			a) or Dispose	Securities Beneficially		es ally		rship li : Direct E	Direct Beneficial				
				(Month/Day/Year)		8)				(A) or (D)	Price		Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)		(D) or Indirect (I) (Instr. 4)		Ownership (Instr. 4)	
Common Stock												30,000		000		D		
		Та	ble II - Derivat (e.g., pı	ive Securi uts, calls, v									Owne	d				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	riversion Date Execution Date, if any Code (Instr. be of ivative ivative Code (Instr. be) Code (Instr. b		ration Da			ount of curities derlying ivative curity (Instr.	Derivative Security (Instr. 5) Ben Own Foll Rep Trar		derivativ Securitie Beneficia Owned Followin Reported	curities Form: neficially Direct or Ind lowing (I) (Insported nsaction(s)		Beneficial Ownership t (Instr. 4)					
	,				(Inst	r. 3, 4				\downarrow	Amount			(Instr. 4)				

Explanation of Responses:

Robert Tavares

01/26/2021

** Signature of Reporting Person Date

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.