FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPRO	VAL					
	OMB Number:	3235-0287					
l	Estimated average burd	en					
	hours per response:	0.5					

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

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* KITS VAN HEYNINGEN MARTIN						2. Issuer Name and Ticker or Trading Symbol KVH INDUSTRIES INC \DE\ [KVHI]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
KITS \	<u>/AN HEY</u>	<u>(NINGEN M</u>	ARTIN		1	<u> </u>	IIVDC	01.		10 11 (<u> </u>	<u>>11 </u>	, 111]		X	Directo	r		10% Ow	ner	
	KVH INDUSTRIES, INC.					3. Date of Earliest Transaction (Month/Day/Year) 08/25/2004										Officer (give title below) President & CEO				pecify	
50 ENTERPRISE CENTER																					
(Street) MIDDLETOWN RI 02842						If Amendment, Date of Original Filed (Month/Day/Year)										Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
WIIDDLETOWN KI U2042															Form filed by More than One Reporting						
(City) (State) (Zip)																Person	zerson				
		Tab	le I - Nor	า-Deriv	ative	e Se	curitie	s A	cqı	uired, [Disp	osed o	f, or Be	nefi	cially	Owned					
1. Title of Security (Instr. 3) 2. Transa Date (Month/D							2A. Deemed Execution Date, if any (Month/Day/Year)			Code (Instr. 5)							es Fo ally (D) Following (I)		n: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
										Code	v	Amount	(A) (D)	r P	rice	Reported Transact (Instr. 3 a	ion(s)			Instr. 4)	
Common	Stock													270	270,645		D				
Common Stock																5,6	5,620			By Spouse	
		-	Гable II -									sed of, onvertil				Dwned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date, T	4. Transactior Code (Instr. 8)		5. Nun of Deriva Securi Acquii (A) or Dispos of (D) (Instr. and 5)	tive ties red sed 3, 4	Ex	Date Exer piration D onth/Day/	ate	Amount o		of s ng e Sec		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e Ov s Fo lly Dii or g (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Dat	te ercisable		xpiration ate	Title	or Nur of	ount mber ares						
Employee Stock Option- Right to Buy	\$7.92	08/25/2004			J ⁽¹⁾		1,400		08/	/25/2005 ⁽²	2) 0	8/25/2009	Common Stock	1,4	400	\$7.92	5,925 ⁽⁾	3)	I	By Spouse	
Stock Options- Right to	(4)									(4)	T	(4)	Common Stock	((4)		97,500 ^l	(5)	D		

Explanation of Responses:

- $1. \ Annual\ employee\ stock\ option\ grant\ issued\ pursuant\ to\ the\ terms\ \&\ conditions\ of\ the\ company's\ 1996\ Incentive\ \&\ Non-qualified\ Stock\ Option\ Plan.$
- 2. Stock option grant vests in 4 annual installments (350 on 8/25/05; 350 on 8/25/06; 350 on 8/25/07; 350 on 8/25/08).
- 3. Represents total vested/unexercised options "beneficially owned" by spouse.
- 4. Not applicable.
- $5. \ Represents \ total \ vested/unexercised \ options \ "beneficially \ owned".$

Remarks:

Martin Kits van Heyningen

** Signature of Reporting Person

08/27/2004 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.