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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| OMB APPRO | JVAL |
|------------------------|-----------|
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| hours per response: | 0.5 |

| | ddress of Reporting F | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|------------------------------|-----------------------|----------|--|-------|----------------------------------|-----------------------|--|--|
| KITS VAN HEYNINGEN ROBERT WB | | | KVH INDUSTRIES INC \DE\ [KVHI] | X | Director | 10% Owner | | |
| (Last) | (First) | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) | x | Officer (give title below) | Other (specify below) | | |
| | | (Midule) | 03/09/2017 | | Vice Presiden | , | | |
| KVH INDU | STRIES, INC. | | | | | | | |
| 50 ENTERP | PRISE CENTER | | | | | | | |
| , | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | vidual or Joint/Group Fili | ng (Check Applicable | | |
| (Street) | | | | Line) | | | | |
| MIDDLETC | OWN RI | 02842 | | | Form filed by One Re | porting Person | | |
| | | | | | Form filed by More the Person | an One Reporting | | |
| (City) | (State) | (Zip) | | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transa Code (8) | | | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
|---------------------------------|--|---|------------------------------|--|--------|---------------|---------------------|---|---|---|--|
| | | | Code V | | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1150.4) | |
| Common Stock | 03/09/2017 | | F ⁽¹⁾ | | 1,341 | D | \$8.15 | 206,623 | D | | |
| Common Stock | 03/11/2017 | | F ⁽¹⁾ | | 1,333 | D | \$ <mark>8.5</mark> | 205,290 | D | | |
| Common Stock | 03/12/2017 | | F ⁽¹⁾ | | 1,341 | D | \$ <mark>8.5</mark> | 203,949 | D | | |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

(e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | Transaction Code (Instr. 8) | | of | | of Expiration Date Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 | | 7. Title Amour Securi Underl Deriva Securi and 4) | nt of ties ying tive ty (Instr. 3 | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|---|--|---|-----------------------------------|---|-----|-----|--|--------------------|---|---|---|--|--|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. Payment of tax liability by withholding securities incident to the vesting of a security issued in accordance with Rule 16b-3.

Remarks:

<u>Robert W.B. Kits van</u>

<u>Heyningen</u>

03/13/2017

** Signature of Reporting Person Date

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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.

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