FORM 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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			Washington, D.C. 2
	Check this box if no longer subject		
٦	to Section 16. Form 4 or Form 5		

ngton, D.C. 20549		

OMB APP	ROVAL
OMB Number:	3235-0362
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1.0

hours per response:

U	obligations may continue. See Instruction 1(b).
\Box	Form 3 Holdings Reported.

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

iled pursuant to Section	16(a) of the Securities	Exchange Act of 1934	l

Form 4	Transactions	Reported.	Filed				e Securities Exch ment Company A							
	nd Address of Z JAMES	Reporting Person	,				Trading Symbol	KVH		Check all	nship of Repo applicable) Director	rting Pe	, ,	Issuer Owner
(Last) 50 ENTI	(Fir	/	Middle)	3. Statement 12/31/2022		s Fisca	al Year Ended (M	onth/Da	y/Year)		Officer (give tit elow)	le	Othe belov	r (specify v)
(Street) MIDDL	ETOWN RI	4. If Amendment, Date of Original Filed (Month/Day/Year)					6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person							
		Table	I - Non-Deriva	tive Securi	ities Ac	quire	ed, Disposed	of, or	Benefic	ially O	wned			
1. Title of Security (Instr. 3)			2. Transaction	Execution Date, Year) if any			4. Securities Acquired (A) or Disp Of (D) (Instr. 3, 4 and 5)) or Dispos		eficially Form			
			Date (Month/Day/Year)	if any	Code	ction (Instr.	Of (D) (Instr. 3, 4	and 5)		Ben	eficially	Form	: Direct	Beneficial
					Code		Of (D) (Instr. 3, 4	(A) or (D)	Price	Ben Owi Issu			Direct	
Common	Stock			if any	Code				Price	Ben Owi Issu Yea	eficially ned at end of er's Fiscal	Form (D) or Indire (Instr.	Direct	Beneficial Dwnership
Common	Stock	Ta	(Month/Day/Year)	if any (Month/Day/Yea	Code (8)	linstr.	Amount	(A) or (D)	Beneficia	Ben Owi Issu Yea 4)	eficially ned at end of er's Fiscal r (Instr. 3 and	Form (D) or Indire (Instr.	ect (I)	Beneficial Dwnership

Explanation of Responses:

James Dodez

Expiration Date

01/31/2023

** Signature of Reporting Person Date

Amount or Number

of Shares

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.

(D)

Date Exercisable