FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Machinatan | D C | 20540 |
|-------------|------|-------|
| Washington, | D.C. | 20549 |

OWNERSHIP

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| OMB APPROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0362 | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per response: | 1.0 | | | | | | | |

Instruction 1(b).

| Form 3 | 3 Holdings Rep | orted. | | | | | | | | | | | | | | | |
|---|--|---|------------------------------|---|---|------|--|-----------------|--|---|--|---|--------|---|---------------------------------------|-----------|--|
| _ | 1 Transactions | | Fil | ed pursuant t or Sectio | | | | | urities Excha Company Ad | | of 1934 | | | | | | |
| 1. Name and Address of Reporting Person* <u>KITS VAN HEYNINGEN MARTIN</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol KVH INDUSTRIES INC \DE\ [KVHI] | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | |
| (Last) KVH IN 50 ENTI | | 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2009 | | | | | | ear) | helov | X Officer (give title below) Oth below CEO & Chairman of the I | | | | | | | |
| (Street) MIDDLETOWN RI 02842-5279 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) (State) (Zip) | | | | | | | | | | | | | | | | | |
| | | Tab | le I - Non-Deri | vative Sec | curiti | es A | cquire | d, D | isposed | of, or E | Beneficia | ally Owne | ed | | | | |
| Date (Month/Day/Year) | | Execution I | if any | | 3. Transaction Code (Instr. 8) | | | | | Securiti Benefic | es | Owner lly Form: | | . Nature of ndirect seneficial Ownership | | | |
| | | | | | | | Amo | unt | (A) or (D) | Price | | Issuer's Fiscal Year (Instr. 3 and | | | (Instr. 4) | | |
| Common Stock 12/31/2009 | | | | | D | 2 | 25,000 | D | \$0 | \$0 35 | | 7,937 D | | | | | |
| Common Stock | | | | | | | | | | 8,958 | | | I I | By Spouse | | | |
| | | Ta | able II - Deriva (e.g., p | tive Secu outs, calls | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | Conversion Date or Exercise (Month/Day/Year) | | Execution Date, if any | 4. Transaction Code (Instr. 8) | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 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 | Beneficial Ownership (Instr. 4) | | |
| | | | | | (A) | (D) | Date Exercisa | Expiration Date | | Title | Amount or Number of Shares | | | | | | |
| Employee Stock Options | (1) | | | | | | (1) | | (1) | Common Stock | (1) | | 75,000 | (2) | D | | |
| Employee Stock | (1) | | | | | | (1) | | (1) | Common | (1) | | 2.075(| 3) | , T | By Spouso | |

Explanation of Responses:

1. Not applicable.

Options

- $2. \ Represents \ total \ vested/unexercised \ stock \ options \ at \ year-end.$
- 3. Represents total vested/unexercised stock options held by spouse at year-end.

Remarks:

Martin Kits van Heyningen

01/19/2010

** 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.