Instruction 1(b).

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

| Washington, | D.C | 20549 |
|--------------|------|-------|
| wasinington, | D.C. | 20343 |

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPROVAL | | | | | | | | |
|-----|--------------------------|-----------|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0362 | | | | | | | |
| | Estimated average burden | | | | | | | | |
| - 1 | hours per response: | 1 0 | | | | | | | |

| Form 3 | Holdings Repo | orted. | | | | | | | | | | | | 1100 | 15 pci i | соропос. | 1.0 | |
|---|--|-------------------------------------|----------------------------------|---|--|---|--|-----------|----------------------------|---|--|---|----------------------|--|---|--|---|--|
| Form 4 | Transactions I | Reported. | Fil | ed pursuant t or Sectio | | | | | rities Excha Company Ad | | | | | | | | | |
| 1. Name and Address of Reporting Person* <u>Balog Robert J</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol KVH INDUSTRIES INC \DE\ [KVHI] | | | | | | | Chec | k all appl Direct | or | | 10% | Owner | |
| (Last) (First) (Middle) KVH INDUSTRIES, INC. 50 ENTERPRISE CENTER | | | | 12/31/20 | Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2015 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | X Officer (give title Other (specify below) SVP Engineering 6. Individual or Joint/Group Filing (Check Applicable | | | | | | |
| (Street) MIDDLETOWN RI 02842-5279 | | | | - | w. monument, Date of Original Fried (world // Daty) Tear) | | | | | | | Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | (5) | | (Zip) | vative Sec | uriti | es A | cauired | I. Di | isposed | of. or E | Benefici | allv | Owne | | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date | | 2A. Deemed Execution I if any | 2A. Deemed Sexecution Date, | | - 4 | 4. Securities Acquired (A) or Dispo Of (D) (Instr. 3, 4 and 5) | | | | sed 5. Amo Securit Benefic | | unt of 6. ies Ow ially Fo at end of (D) | | ership : Direct | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| Common Stock | | | | | | _ | | Amount | | (A) or (D) | Price | 4) | | tr. 3 and | (Instr | . 4) | | |
| Common | Stock | Т | able II - Deriva (e.g., p | tive Secu outs, calls | | | • ′ | | | • | | • | 62, Owned | 569 | | D | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security 3. Transactio Date (Month/Day/Y | | Execution Date, ay/Year) if any | 4. Transaction Code (Instr. 8) | ransaction of Code (Instr. Derivat | | Expiration Date (Month/Day/Year) ities red seed 3, 4 | | te | 7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | | 9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4) | e s illy | 10. Ownersh Form: Direct (D or Indire (I) (Instr. | Beneficial Ownership t (Instr. 4) | |
| | | | | | (A) | (D) | Date Exercisal | | Expiration Date | Title | Amount or Number of Shares | ber | | | | | | |
| Employee Stock Options | (1) | | | | | | (1) | | (1) | Commor Stock | (1) | | | 34,687 | (2) | D | | |

Explanation of Responses:

- 1. Not applicable.
- 2. Represents total vested/unexercised options "beneficially owned" at year-end.

Remarks:

Robert J. Balog

01/22/2016

** 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.