SEC Form 5

| SEC FUI | 11 5 | | | | | | | | | | | | | | | | | | |
|--|---|--|--|---|---|---|-------|--|--------------------------|---------------|---|---|--|--|---|--|--|--|--|
| | FORM | 5 L | JNITED STA | TES SE | ES SECURITIES AND EXCHANGE COMMISSION | | | | | | | | | | | 1 | | | |
| Check this box if no longer subject to | | | | | Washington, D.C. 20549 | | | | | | | | | | OMB APPROVAL | | | | |
| Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). | | | | STATEMENT OF CHANGES IN BENEFICIAL | | | | | | | | | Es | OMB Number: 3235-0362 Estimated average burden | | | | | |
| Form 3 Holdings Reported. | | | | | | | | | | | | | | ho | hours per response: 1.0 | | | | |
| Form 4 | Transactions R | eported. | File | d pursuant to or Sectior | | | | | ities Excha ompany Ac | | | | | | | | | | |
| 1. Name and Address of Reporting Person [*] <u>RYAN BRUCE J</u> | | | | 2. Issuer Name and Ticker or Trading Symbol <u>KVH INDUSTRIES INC \DE\</u> [KVHI] | | | | | | | | | ck all app | blicable) | Reporting Person(s) to Issuer ble) 10% Owner | | | | |
| | | | | | | | | | | | | | - | er (give til | Other (specify | | | | |
| (Last) | (Fir | Middle) | 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2014 | | | | | | | | | | lic | belov | | | | | |
| KVH INDUSTRIES, INC. 50 ENTERPRISE CENTER | | | | | | | | | | | | | | | | | | | |
| | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | |
| (Street) | | | | | | | | | | | | | X Form filed by One Reporting Person | | | | | | |
| MIDDLETOWN RI 02842-5279 | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | | |
| (City) | | | | | | | | | | | | | | | | | | | |
| | | Tabl | e I - Non-Deriv | ative Sec | uritie | es Ac | quire | d, Di | sposed | of, or | Benefici | ially | / Owne | ed | | | | | |
| 1. Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or D Of (D) (Instr. 3, 4 and 5) | | | or Dispose | Securities Beneficially | | es ially | Forn | ership I 1: Direct E | 7. Nature of Indirect Beneficial | | |
| | | | | | | | | Amount | | (A) or (D) | Price | | Owned at end of Issuer's Fiscal Year (Instr. 3 and 4) | | (D) o Indir (Inst | ect (I) 🛛 🗍 (| Ownership (Instr. 4) | | |
| Common Stock | | | | | | | | | | | | 60,000 | | | D | | | | |
| | | Та | ble II - Derivat | | | | | | | | | | wned | | | | | | |
| | | | (e.g., pı | uts, calls, | warr | ants, | opti | ons, o | converti | ble se | curities |) | | | | | | | |
| 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) | 4. Transaction Code (Instr. 8) | of Deriv Secu Acqu (A) o Dispo of (D) (Instr | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | e and unt of rities rlying ative rity (Instr. 3) | De | Price of erivative ecurity listr. 5) | derivativ Securitie Beneficia Owned Followin Reported | urities leficially ned owing orted nsaction(s) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | |
| | | | | | (A) | (D) | Date | isable | Expiratior Date | n Title | Amount or Number of Shares | | | | | | | | |

Explanation of Responses:

Remarks:

<u>Bruce J. Ryan</u>

02/17/2015

** 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.