FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

Instruction 1(b) Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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1. Name and Address of Reporting Person* KITS VAN HEVNINGEN MADTIN						2. Issuer Name and Ticker or Trading Symbol KVH INDUSTRIES INC \DE\ [KVHI]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
KITS VAN HEYNINGEN MARTIN																X Director			10% Ov	vner	
(Last) (First) (Middle) KVH INDUSTRIES, INC. 50 ENTERPRISE CENTER						3. Date of Earliest Transaction (Month/Day/Year) 08/11/2004										X Officer (give title Other (specify below) President & CEO					
JULIVII	SIXI KISE C	4 1	If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable								
(Street) MIDDLETOWN RI 02842						4. II Amendment, Date of Original Filed (World/Day/Teal)										X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S	tate)	(Zip)													. 0.00.					
		Tab	le I - No	n-Deriv	ative	Se	curit	ies Ad	cquire	l, Di	spos	sed o	f, or B	enefi	iciall	y Owned	k k				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)						ar)	2A. Dee Executi if any (Month	Code	Transaction Code (Instr.			4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)				es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	An	mount	(A) (D)	or P	rice	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)	
Common Stock 08/11/.						′2004						879	A	. \$	52.40	7 5,	520			By Spouse	
Common Stock 08/11/2						2004						421	D	, ,	\$7.4 2	2 5,	5,620			By Spouse	
Common Stock																270	270,645		D		
		T	able II -	Deriva (e.g., p					. ,			,			•	Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,	4. Transactio Code (Instr 8)				6. Date Exercisa Expiration Date (Month/Day/Yea		ite	and	7. Title and Amount of Securities Underlying Derivative Sec (Instr. 3 and 4)		urity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	s S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownershij (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	able	Expira Date	ation	Title	or	ount nber res						
Employee Stock Option- Right to Buy	\$2.407	08/11/2004			J ⁽³⁾			1,300	08/17/2	003	08/17	7/2004	Commor Stock	1,3	300	\$2.407	5,925 ⁽⁻	4)	I	By Spouse	
Employee Stock Options- Right to	(5)								(5)		(5	5)	Commor Stock	(5)		97,500 ⁰	(6)	D		

Explanation of Responses:

- 1. Shares acquired via the exercise of a stock option pursuant to the terms & conditions of the company's 1996 Incentive & Non-qualified Stock Option Plan.
- 2. Shares withheld by the company for payment of the exercise price associated with the stock option exercise.
- 3. Exercise of a stock option pursuant to the terms & conditions of the company's 1996 Incentive & Non-qualified Stock Option Plan.
- 4. Represents total vested/unexercised options "beneficially owned" by spouse.
- 5. Not applicable
- 6. Represents total vested/unexercised options "beneficially owned".

Remarks:

Martin Kits van Heyningen

08/12/2004

** 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.