FORM 5

Check this box if no longer subject to

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

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ANNUAL STATEMENT		CHVNCEC	IN RENE	
ANNUAL STATEMENT	\mathbf{v}_{Γ}	CHANGES		

OMB APPROVAL								
OMB Number:	3235-0362							
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Section 16. Form 4 or Form 5 obligations may continue. See

_	:tion 1(b). 3 Holdings Rep	ortod	OWNERSHIP								hours per response:				rden 1.0	,	
_	Transactions		Fil	ed pursuant t or Sectio			(a) of the S ne Investme										=1
1. Name and Address of Reporting Person* RYAN BRUCE J				2. Issuer Name and Ticker or Trading Symbol KVH INDUSTRIES INC \DE\ [KVHI]							(Check all applicable) X Director			orting Person(s) to Issuer 10% Owner			
	(F DUSTRIES ERPRISE C	IES, INC. 12/31/2010					er's Fiscal Year Ended (Month/Day/Year)				'ear)	Officer (give title Other (specify below)					
(Street)	ETOWN R		02842-5279	4. If Amei	ndmen	t, Date	e of Origina	al Filed	l (Month/[Day/Year)			filed by	One Re	ng (Check porting Pe an One Re	rson	
(City)	(S	tate) (Zip)														_
		Tab	le I - Non-Deri	vative Sec	uriti	es A	cquired	, Dis	posed	of, or E	Beneficia	lly Owne	d				_
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution I if any (Month/Day	Date, Tra			4. Securities Acquired (A) or Dispos Of (D) (Instr. 3, 4 and 5)			or Disposed	5. Amou Securitie Benefici Owned a	es ally		ership : Direct	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
			(Monarea		,	,	Amount		(A) or (D)	Price	Issuer's	Issuer's Fiscal Year (Instr. 3 and		ect (I) . 4)			
Common Stock									20,000			D					
		Ta	able II - Deriva (e.g., p	tive Secu outs, calls			• ′			•		y Owned					
Derivative Conversion Date Security or Exercise (Month/Day/Year)		3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	ransaction of ode (Instr. Deriva		Expiration	Exercisable and tion Date I/Day/Year)		7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numl derivati Securiti Benefic Owned Followi Reporte Transac (Instr. 4	ive ies cially ing ed ction(s)	10. Ownersh Form: Direct (D or Indirec (I) (Instr.	Beneficial Ownership ect (Instr. 4)	ct al nip	
					(A)	(D)	Date Exercisal		cpiration ate	Title	Amount or Number of Shares						
Director Non-qual Stock	(1)						(1)		(1)	Common	1 (1)		35,00	00 ⁽²⁾	D		

Explanation of Responses:

1. Not applicable.

Options

2. Represents total vested/unexercised stock options at year-end.

Remarks:

Bruce J. Ryan

02/11/2011

** 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.