FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | | |

0.5

hours per response:

| | Check this box if no longer subject to |
|---|--|
|) | Section 16. Form 4 or Form 5 |
| J | obligations may continue. See |
| | Instruction 1(h) |

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

| 1. Name and Address of Reporting Person* Baker Jennifer Louise (Last) (First) (Middle) | | | | | 3. C | 2. Issuer Name and Ticker or Trading Symbol KVH INDUSTRIES INC \DE\ [KVHI] 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | k all appl Direct Office below | or r (give title) | | 10% O Other (below) | wner |
|--|--|--|--|---------|---|---|------|---|---|-----|-------------------|--|--|-----------------------|--|--|--------------------------------|--|--|
| 50 ENTERPRISE CENTER (Street) MIDDLETOWN RI (City) (State) (Zip) | | | | | | 04/02/2019 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indi Line) X | vidual or Form Form | VP & Chief Acct Officer dual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | action | tion 2A. Deemed Execution Date, | | | 3. 4. Securir Transaction Disposed Code (Instr. | | | ties Acqui | red (A) o | or 5. Amo sand 5) Securi Benefi Owned | | unt of ies cially Following | Form (D) o | n: Direct | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | Amount (A) or (D) | | е | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) |
| Common Stock 04/02/2 | | | | | /2019 | 2019 | | S ⁽¹⁾ | | 182 | 182 D \$1 | | 0.082 | 12 | 2,633 | | D | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Executior if any (Month/Da | n Date, | 4. Transaction Code (Instr. 8) | | n of | | 6. Date Exercisa Expiration Date (Month/Day/Yea | | | 7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4) | | De Se (Ir | Price of erivative ecurity nstr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | y Ov Fo Dii or (I) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisabl | | xpiration vate | Title | Amou or Numb of Shares | er | | | | | |
| Employee Stock Options- Right to | (2) | | | | | | | | (2) | | (2) | Common Stock | (2) | | | 4,367 ⁽³⁾ | | D | |

Explanation of Responses:

- $1. \ Shares sold to pay the taxes owed on a restricted stock award that partially vested on 3/31/2019.$
- 2. Not applicable.
- 3. Represents total vested/unexercised options "beneficially owned".

Remarks:

Jennifer L. Baker

04/03/2019

** 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.