| SEC Form 4 |
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FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

| l | OMB Number: | 3235-0287 | | | | | | | | |
|---|--------------------------|------------|--|--|--|--|--|--|--|--|
| l | Estimated average burden | | | | | | | | | |
| l | hours per response: | den 0.5 | | | | | | | | |

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

| | | | of Section So(ii) of the investment company Act of 1340 | | | |
|----------------------------------|--|----------------|---|------------------------|---|---|
| | | | 2. Issuer Name and Ticker or Trading Symbol <u>KVH INDUSTRIES INC \DE\</u> [KVHI] | (Check | tionship of Reporting Per- all applicable) Director Officer (give title | son(s) to Issuer 10% Owner Other (specify |
| 1 | st) (First) (Middle) /H INDUSTRIES, INC. ENTERPRISE CENTER | | 3. Date of Earliest Transaction (Month/Day/Year) 01/19/2021 | • X | below) COO/CF(| below) |
| (Street) MIDDLETOWN (City) | I RI (State) | 02842 (Zip) | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) X | idual or Joint/Group Filing Form filed by One Rep Form filed by More that Person | orting Person |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | if any | 3. Transaction Code (Instr. 8) | | | | | 5. Amount of Securities Beneficially Owned Following Reported | Form: Direct (D) or Indirect | 7. Nature of Indirect Beneficial Ownership |
|---------------------------------|--|--------|---|---|--------|---------------|--------|---|---------------------------------|---|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (Instr. 4) |
| Common Stock | 01/19/2021 | | S ⁽¹⁾ | | 4,000 | D | \$12.5 | 138,272 | D | |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| | | 1 | - | | | | | | | | | | | | |
|---|---|--|---|------------------------------|---|--|---------------------------|--|--------------------|--|--|---|--|--|--|
| 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. Transa Code (8) | | of Deriv Secu Acqu (A) o Dispe of (D | r osed) 1. 3, 4 | 6. Date Exerc Expiration Da (Month/Day/Y | ate | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Employee Stock Options- Right to Buy | (2) | | | | | | | (2) | (2) | Common Stock | (2) | | 69,530 | D | |

Explanation of Responses:

1. Shares sold under a 10b5-1 plan previously established with ETRADE.

2. Not applicable.

Remarks:

Brent C. Bruun

01/21/2021

** 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.