### FORM 5

Check this box if no longer subject to

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

OMB APPROVAL							
OMB Number:	3235-0362						
Estimated average burden							

Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

# ANNUAL STATEMENT OF CHANGES IN BENEFICIAL **OWNERSHIP**

Form 3	B Holdings Rep	orted.		OWNERSHIP							ho	hours per response:				
Form 4	1 Transactions	Reported.	File	ed pursuant t or Sectio					urities Excha Company Ad							
1. Name and Address of Reporting Person* <u>KITS VAN HEYNINGEN ROBERT WB</u>			2. Issuer Name <b>and</b> Ticker or Trading Symbol KVH INDUSTRIES INC \DE\ [ KVHI ]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner							
	(Fi DUSTRIES ERPRISE C	s, INC.	Middle)	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2012						rear)	X Officer (give title Other (specibelow)  Vice President R&D					
(Street) MIDDL1 (City)	ETOWN R.		)2842-5279 Zip)	4. If Amer	ndmen	it, Dat	e of Origir	nal Fi	iled (Month/I	Day/Year		ne) X Fori	n filed by 0	One Re <sub>l</sub>	porting Pe	
		Tab	e I - Non-Deriv	ative Sec	uriti	es A	cquire	d, D	isposed	of, or I	Beneficia	ally Own	ed			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Yea			2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Code (Instr. 8)		4. Securities Acquired (A) or Dispo Of (D) (Instr. 3, 4 and 5)		or Disposed	Securit Benefic	ies		ership : Direct	7. Nature of Indirect Beneficial Ownership		
								Amount		(A) or (D)	Price	Issuer's			ect (I)	(Instr. 4)
Common	Stock								265,644			D				
		Ta	able II - Deriva (e.g., p	tive Secu outs, calls								y Owned	I			
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	vative rities rired r osed )			ite	7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)		Followin Reporter Transaci (Instr. 4)		ve es Ownership es Form: Direct (D) or Indirect (I) (Instr. 4) d tion(s)		Beneficial Ownership ct (Instr. 4)
					(A)	(D)	Date Exercisa	ıble	Expiration Date	Title	Number of Shares					
Employee	(1)						(1)		(1)	Commo	n (1)		2.75	o(2)	D	

### **Explanation of Responses:**

- 1. Not applicable.
- 2. Represents total vested/unexercised stock options at year-end.

## Remarks:

Options

Robert W.B. Kits van

02/06/2013

**Heyningen** 

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.