| SEC Form 4 | |
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

| OMB APPROVAL | | | | | | | |
|-----------------------|-----|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | |
| Estimated average bur | den | | | | | | |
| hours per response. | 05 | | | | | | |

| | | | 2. Issuer Name and Ticker or Trading Symbol <u>KVH INDUSTRIES INC \DE\</u> [KVHI] | | ationship of Reporting P k all applicable) Director | 10% Owner |
|----------|------------------|-------|---|-------------------|---|--------------------------|
| - | | | — | X | Officer (give title below) | Other (specify below) |
| (Last) | (First) (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) | | , | , |
| KVH INDU | USTRIES, INC. | | 08/19/2011 | | VP Mktg & Strate | egic Planning |
| 50 ENTER | PRISE CENTER | | | | | |
| | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) | vidual or Joint/Group Fil | ing (Check Applicable |
| (Street) | | | | X | Form filed by One Re | eporting Person |
| MIDDLET | OWN RI | 02842 | | | Form filed by More th Person | |
| (Citv) | (State) | (Zip) | | | | |

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

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr.4. Securities Acquired Disposed Of (D) (Instr.8) | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
|---------------------------------|--|---|--|---|--------|---|---|---|---|-------------------------------|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (|
| Common Stock | 08/19/2011 | | Р | | 2,250 | A | \$ <mark>8</mark> | 61,237 | D | |
| Common Stock | | | | | | | | 2,529 | I | By Spouse & Children |

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

| | (0.9., pare, onic, onic, opione, contention) | | | | | | | | | | | | | | |
|---|---|--|---|------------------------------|---|------|-----|--|--------------------|--|--|---|--|--|--|
| 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) | | n of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | d 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 | (1) | | | | | | | (1) | (1) | Common Stock | (1) | | 12,500 ⁽²⁾ | D | |

Explanation of Responses:

1. Not applicable.

2. Represents total vested/unexercised options "beneficially owned".

Remarks:

James S. Dodez

08/22/2011

Date

** Signature of Reporting Person

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.