FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| ON | IB APP | ROVAL |
|---------|--------|----------|
| OMB Nur | mber: | 3235-028 |

37 Estimated average burden hours per response: 0.5

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

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

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|--|--|--|---|--|---|--|-------|--------------|--|--------|---|---|-----------------|--|---|---|-----------------------------------|--|---|--|--|
| 1. Name and Address of Reporting Person* Balog Robert J | | | | | 2. Issuer Name and Ticker or Trading Symbol KVH INDUSTRIES INC \DE\ [KVHI] | | | | | | | | | Relationship neck all app Direct | icable) | ng Per | rson(s) to Is 10% O Other (| wner | | | |
| (Last) (First) (Middle) KVH INDUSTRIES, INC. | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/15/2019 | | | | | | | | | | ^ below | | nolog | below) | specify | | |
| 50 ENTERPRISE CENTER | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) MIDDLETOWN RI 02842 | | | | | | | | | | | | | | - 1 | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | (Si | tate) | (Zip) | | | | | | | | | | | Perso |)II | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| Date | | | | | | 2A. Deemed Execution Date if any (Month/Day/Yea | | Code (Instr. | | on I | 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | | | d Securit Benefic Owned | urities For eficially (D) | | wnership n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | Code V | | Amount | (A) | or | Price | | | Transa | | | |
| Common Stock 03/15/2 | | | | | | /2019 | | J (1) | | | 3,02 | 22 | A | \$ <mark>0</mark> | 82,012 | | | 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. Deemed Execution Date, if any (Month/Day/Year) | | 4. Transaction Code (Instr. 8) | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | e and | 7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership t (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | ble | Expi Date | iration | Title | or Nu of | nount mber ares | | | | | | |
| Employee Stock Options- Right to Buy | (2) | | | | | | | | (2) | | | (2) | Commor Stock | | (2) | | 10,131 | 3) | D | | |

Explanation of Responses:

- 1. Restricted stock grant issued pursuant to the terms & conditions of KVH Industries' 2016 Equity & Incentive Plan. Restricted stock will vest quarterly in four installments, the first of which will vest on 3/31/2019, provided the executive is employed by the Company at the time of vesting.
- 3. Total vested/unexercised options beneficially owned.

Remarks:

Robert J. Balog

03/19/2019

** 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.