Instruction 1(b).

## FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Nachington	$D \subset$	205/10
Washington,	D.C.	20549

# ANNUAL STATEMENT OF CHANGES IN BENEFICIAL

OMB APPROVAL								
OMB Number:	3235-0362							
Estimated average burden								

Form 3	B Holdings Rep	orted.		OWNERSHIP								ho	urs per r	1.0				
Form 4	1 Transactions	Reported.	Fil	ed pursuant t or Sectio					urities Excha Company Ad									
1. Name and Address of Reporting Person*  CONWAY DANIEL R				2. Issuer Name and Ticker or Trading Symbol  KVH INDUSTRIES INC \DE\ [ KVHI ]							theck all ap	plicable) ctor	•		O Issuer O Owner er (specify			
	(Fi DUSTRIES ERPRISE C	S, INC.	(Middle)	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2015						Í	EVP G&S Group							
(Street) MIDDLI	ETOWN R		02842-5279 (Zip)	_ 4. II Amei	Line						ne) X For For	′						
		Tab	le I - Non-Deri	vative Sec	uriti	es A	cquire	ed, D	isposed	of, or I	Beneficia	ally Own	ed					
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Year)		Execution I	Execution Date, T		3. Transaction Code (Instr. 8)  4. Securities Acc Of (D) (Instr. 3, 4			or Disposed	Securi Benefi	ies		ership :: Direct	7. Nature of Indirect Beneficial Ownership					
			(	, rour, o,		<b>-</b> ,		ount	(A) or (D) Price		Issuer's Fiscal Year (Instr. 3 and 4)		Indirect (I) (Instr. 4)		(Instr. 4)			
Common Stock											67,874			D				
Common Stock									2,523			I	By Spouse					
		Ta	able II - Deriva (e.g., p	tive Secu outs, calls								y Owne	d					
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 Secu Acqu (A) o Dispo	r osed ) r. 3, 4	Expiration Date (Month/Day/Year) ed		ate	Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)		8. Price o Derivative Security (Instr. 5)		ve es ally ig d tion(s)	10. Ownersh Form: Direct (D or Indire (I) (Instr.	Beneficial Ownership ct (Instr. 4)		
							(A)	(D)	Date Exercis	able	Expiration Date	Title	Amount or Number of Shares					
Employee	(1)						(1)		(1)	Commo	n (1)		24.60	7(2)	Б			

# Explanation of Responses:

- 1. Not applicable.
- 2. Represents total vested/unexercised options "beneficially owned" at year-end.

#### Remarks:

Options

Daniel R. Conway

01/22/2016

\*\* Signature of Reporting Person

Date

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

- \* 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.