FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average hurden | | | | | | | | |

0.5

hours per response:

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

| | | | | | | | () | | | | 1 | | | | | | | | |
|---|---|--|---|---------|-------------------------------|--|---------|------------------|---|-------------------------------------|------------------|---|--------------------------------|---|---|---|---|--|---|
| 1. Name and Address of Reporting Person* FEINGOLD FELISE | | | | | | 2. Issuer Name and Ticker or Trading Symbol KVH INDUSTRIES INC \DE\ [KVHI] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | |
| (Last) | | 3 Date of Farliest Transaction (Month/Day/Vear | | | | | | | | | | X | wner specify | | | | | | |
| (Last) (First) (Middle) 50 ENTERPRISE CENTER | | | | | | 10/02/2019 | | | | | | | | SVP/General Counsel | | | | | |
| (Street) | ETOWN R | [| 02842 | | 4. If | f Ame | ndment | t, Date | of Original | nal Filed (Month/Day/Year) | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | |
| (City) | (Si | tate) | (Zip) | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | |
| | | Tab | le I - Noı | n-Deriv | ative | Sec | curitie | es Ac | quired, | Dis | posed | of, or B | enefi | cially | Owne | d | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | Execution D | | n Date, | Code (| Transaction Dispose Code (Instr. 5) | | ities Acqui d Of (D) (Ir | | 4 and Securi Benefi | | es ially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | | Code | v | Amount | (A) (D) | PI | rice | Transac (Instr. 3 | ction(s) | | | (31 4) |
| Common Stock 10/02/2 | | | | 2/2019 | 2019 | | | S ⁽¹⁾ | | 424 | 124 D \$ | | 9.807 | 52,713 | | | D | | |
| | | Т | able II - | | | | | | | | | , or Ber ble sec | | | wned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Da | Date, | 4. Transa Code (i 8) | | of E | | 5. Date Exercisable and Expiration Date Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4) | | De Se (In | Price of erivative ecurity estr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | | Date Exercisabl | | xpiration ate | Title | Amo or Num of Shar | ber | | | | | |
| Employee Stock Options- | (2) | | | | | | | | (2) | | (2) | Common | (2) |) | | 24,834 ⁽³ | 3) | D | |

Explanation of Responses:

- $1. \ Shares \ sold \ to \ pay \ the \ taxes \ owed \ on \ a \ restricted \ stock \ award \ that \ partially \ vested \ on \ 9/30/2019.$
- 2. Not applicable.
- 3. Represents total vested/unexercised options "beneficially owned".

Remarks:

Right to Buy

Felise Feingold

Stock

10/03/2019

** 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.