FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPRO | VAL |
|---|------------------------|-----------|
| | OMB Number: | 3235-0287 |
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| l | 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

| 1. Name and Address of Reporting Person* SPRATT PATRICK | | | | | | 2. Issuer Name and Ticker or Trading Symbol KVH INDUSTRIES INC \DE\ [KVHI] | | | | | | | | | k all appl Direct | icable) | g Person(s) to Iss 10% Ov Other (s below) ncial Officer | | wner |
|--|---|--|--|---------|------------------------------|--|---|-------|--|-----|--------------------|--|-----------------------------------|--|---|--|---|---|---|
| (Last) (First) (Middle) KVH INDUSTRIES, INC. 50 ENTERPRISE CENTER | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/02/2004 | | | | | | | | | below | Chief Fina | | | |
| (Street) MIDDLETOWN RI 02842 | | | | | _ 4. li | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | dividual or Joint/Group Filing (Check Applicable) Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (Si | | (Zip) le I - No | n-Deriv | vative | Sec | uriti | es Ac | nuired | Dis | nosed (| of or Be | nefic | ially | Owne | | | | |
| Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | | | 2/A Ex | A. Deemed xecution Date, any Month/Day/Year) | | 3. 4. Secur Transaction Dispose Code (Instr. | | | ties Acquire I Of (D) (Ins | ed (A) o | 5. Amor and 5) Securiti Benefic Owned | | unt of 6. 0 ies For (D) Following (I) | | n: Direct r Indirect istr. 4) | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Pric | e | Reporte Transac (Instr. 3 | ction(s) | | | (Instr. 4) |
| Common Stock 07/02/2 | | | | | | | 2004 | | J ⁽¹⁾ | | 559 | A \$10.6 | |).625 | 25 7,835 | | | D | |
| | | Т | | | | | | | | | | , or Ben 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. Deem Executior if any (Month/Da | Date, | 4. Transa Code (8) | | of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | De Se (Ir | Price of erivative ecurity nstr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | у | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | | Date Exercisabl | | Expiration Date | Title | Amou or Numb of Share | er | | | | | |
| Employee Stock Option | \$10.625 | 07/02/2004 | | | J ⁽²⁾ | | | 559 | 01/02/2004 | 1 0 | 7/02/2004 | Common Stock | 559 | | \$10.625 | 41,750 ⁽³ | 3) | D | |

Explanation of Responses:

- 1. Shares acquired via the exercise of an option pursuant to the terms & conditions of the company's 1996 Employee Stock Purchase Plan.
- 2. Exercise of an option pursuant to the terms & conditions of the company's 1996 Employee Stock Purchase Plan.
- 3. Represents total vested/unexercised options "beneficially owned".

Remarks:

Patrick Spratt

07/06/2004

** 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.