FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

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* Martine-Dolecki Cathy-Ann	2. Date of E Requiring S (Month/Day 08/03/202	tatement /Year)	3. Issuer Name and Ticker KVH INDUSTRIE	er or Trading Symbol [ES INC \DE\ [KVHI]			
(Last) (First) (Middle) 50 ENTERPRISE CENTER	00/03/2021		Relationship of Reporting Person(s) to Issuer (Check all applicable)			5. If Amendment, Date of Original Filed (Month/Day/Year)	
			X Director Officer (give		(specify	Form filed by One Departing	
(Street) MIDDLETOWN RI 02842	-		title below)	below)		A Person	by More than One
(City) (State) (Zip)							
Table I - Non-Derivative Securities Beneficially Owned							
1. Title of Security (Instr. 4)			. Amount of Securities Beneficially Owned (Instr.)			4. Nature of Indirect Beneficial Ownership (Instr. 5)	
Common Stock			0	D			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)							
Title of Derivative Security (Instr. 4) Expiration Date (Month/Day/Year)		ate	3. Title and Amount of Securiti Underlying Derivative Security (Instr. 4)		4. Conversio or Exercis Price of		6. Nature of Indirect Beneficial Ownership (Instr.
	Date Exercisable	Expiration Date	Title	Amount or Derivative Security Number of Shares			5)

Explanation of Responses:

Cathy-Ann Martine-**Dolecki**

** Signature of Reporting

Date

08/03/2021

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 5 (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.