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

| Machinatan | D C | 20540 |
|-------------|------|-------|
| Washington, | D.C. | 20549 |

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNEDCHID

| OMB APPROVAL | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|
| OMB Number: | 3235-0362 | | | | | | |
| Estimated average b | urden | | | | | | |

| Form 3 | B Holdings Repo | orted. | | | | O | MINEL. | эпіг | | | | | | hou | ırs per r | esponse: | | 1.0 |
|--|---|--------------------------|---|---|--|------|--|--------|---------------|---|--|--|---------------------------------------|---|----------------------------|---|--|---|
| Form 4 | Transactions I | Reported. | Fil | ed pursuant t or Sectio | | | 6(a) of the S ne Investme | | | | | | | | | | | |
| 1. Name and Address of Reporting Person* RYAN BRUCE J | | | | | 2. Issuer Name and Ticker or Trading Symbol KVH INDUSTRIES INC \DE\ [KVHI] | | | | | | | Check al | | licable) | • | | |) to Issuer 0% Owner |
| (Last) (First) (Middle) KVH INDUSTRIES, INC. 50 ENTERPRISE CENTER | | | | | 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2006 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Officer (give title Other (specify below) 6. Individual or Joint/Group Filing (Check Applicable | | | | | | |
| (Street) MIDDLETOWN RI 02842-5279 | | | | - | The state of the s | | | | | | | ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | (St | | Zip) | | | | | | | | | | | | | | | |
| | | Tab | e I - Non-Deriv | vative Sec | curiti | es A | cquired | , Disp | osed | of, or | Benefici | ally O | wne | d | | | | |
| (Month/Day/Year) | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. | | 4. Securities Acquired (A) or Dispos Of (D) (Instr. 3, 4 and 5) | | | or Disposed | Sed 5. Amou Securiti Benefici Owned | | es Owr ially Forr | | ership : Direct | Indirect Benefici | Nature of direct eneficial wnership | |
| | | | | (monangay | , reary | , | A | mount | mount | | Price | Issi | Issuer's Fiscal Year (Instr. 3 and | | Indirect (I) (Instr. 4) | | (Instr. 4) | |
| Common | Stock | | | | | 0 D | | | | | | | | | | | | |
| | | Ta | able II - Deriva (e.g., p | tive Secu outs, calls | | | • ' | • | | • | | - | ned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transaction Code (Instr. 8) | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Expiration Date (Month/Day/Year) | | le and | 7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4) | | Deriva | erivative ecurity nstr. 5) | 9. Numbe derivative Securitie Beneficia Owned Following Reported Transacti (Instr. 4) | e s ally g | 10. Ownersh Form: Direct (D or Indirec (I) (Instr. | ip of Ir Ben Owi ct (Ins | Nature ndirect neficial nership str. 4) |
| | | | | | (A) | (D) | Date Exercisab | | oiration e | Title | Amount or Number of Shares | | | | | | | |
| Director Non-qual | (1) | | | | | | (1) | | (1) | Commo | n (1) | | | 41,250 |) ⁽²⁾ | D | | |

Explanation of Responses:

1. Not applicable.

Options

2. Represents total vested/unexercised stock options at year-end.

Remarks:

Bruce J. Ryan 01/19/2007

** 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.