FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(b).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

**OMB APPROVAL** OMB Number: Estimated average burden hours per response: 0.5

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*  REINHART PETER S						2. Issuer Name and Ticker or Trading Symbol HOVNANIAN ENTERPRISES INC [ HOV ]								cable) or (give title	ig Pers	10% Ow Other (s	/ner
(Last) (First) (Middle) 110 WEST FRONT STREET						3. Date of Earliest Transaction (Month/Day/Year) 06/13/2008							below)	VP / Ge	neral	below) Counsel	
(Street)  RED BANK NJ 07701  (City) (State) (Zip)					4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)							Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)					saction	ear)	Curities  2A. Deeme Execution if any (Month/Da	ed Date,	3. Transactio	4. Secur	of, or Be ities Acquir d Of (D) (Ins	ed (A) or	5. Amount of		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code V	Amount	(A) o	Price	Reported Transact (Instr. 3	ion(s)			
		-							uired, Dis , options,				Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemec Execution I if any (Month/Day	Date,	4. Transactic Code (Inst				6. Date Exercisable ar Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)
					Code		(A)	A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	ber				
Employee Stock Option (right to	\$6.46	06/13/2008			A		15,000		(1)	06/12/2018	Class A Common Stock	15,000	\$0 <sup>(2)</sup>	15,00	0	D	

## **Explanation of Responses:**

- 1. The option vests in four equal annual installments beginning on June  $13,\,2010$
- 2. N/A

## Remarks:

Nancy A. Marrazzo Attorney-

\*\* Signature of Reporting Person

in-Fact

06/17/2008

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.