FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

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omb Approval

- 1		
	OMB Number:	3235-0287
	Estimated average I	burden
	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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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(0). 5	ee instruction i	U.																			
1. Name ar Sellers		2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>HOVNANIAN ENTERPRISES INC</u> [										all app	o of Reportir licable)	ng Pe							
<u>BCHC13</u>	НО	HOV ]										Direc	virector Officer (give title		10% O	wner					
												Office			Other (: below)	specify					
(Last)	Date of Earliest Transaction (Month/Day/Year)											DCIOV	• )		bciow)						
C/O HO	VNANIAN	09/	09/27/2024																		
90 MAT	AWAN ROA																				
					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
(Street)														["	Line)  Form filed by One Reporting Person						
MATAW	AN NJ	0	774	<b>!</b> 7												Form filed by More than One Report					
																Perso		ie uic	an One Rep	orting	
(City) (State) (Zip)																					
			_						_												
		Table	1 -	Non-Deriva	itive	Secu	rities	Acc	quir	ed, D	isposed	of,	or	Benefici	ally	Own	ed				
1. Title of	Security (Inst	r. 3)		2. Transaction					3. 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an						5. Amo					7. Nature	
				Date (Month/Day/Ye	ar) if	ar) if any			Code (Instr.				(Instr	r. 3, 4 and 5)		Benef	icially	(D)	or I	of Indirect Beneficial	
					(1	(Month/Day/Ye		ay/Year) 8)								Owned Following Reported Transaction(s)		Indirect (I) (Instr. 4)		Ownership (Instr. 4)	
										l.,			or	Price						` ,	
								100	oae		Amount	(D)		Price		(Instr.	3 and 4)				
Class A Common Stock 09/27/2024					4				s		531	1	D	\$205.747	9(1)	2	21,033		D		
												_	_								
		Tal	ole	II - Derivati												wne	d				
				(e.g., pt	its, c	alis, v	varra	ints,	op	tions,	, conver	tibi	e se	curities	<u>)                                    </u>					1	
1. Title of 2. 3. Transaction 3A. Deemed Execution Date.						action	5. Nu of	mber		Date Exe				tle and unt of		Price of 9. Number		of 10. Ownershi		11. Nature	
Security or Exercise (Month/Day/Year) if any			iny	Code	(Instr.	Deriv	ative		onth/Day			Secu	ırities	Security		Securities		Form:	Beneficial		
(Instr. 3)	Price of Derivative		(IVIC	onth/Day/Year)	8)		Securities Acquired							erlying vative	(Ins	(r. 5)	Beneficially Owned	<b>'</b>	Direct (D) or Indirect	Ownership (Instr. 4)	
Security					(A) or		r					Security (Ins 3 and 4)		tr.		Following Reported		(I) (Instr. 4)			
			0		of (D)	Disposed of (D) (Instr. 3, 4 and 5)		1				and 4)			Transaction	n(s)					
															(Instr. 4)						
					Т						$\dashv$		Amount								
													or								
						l	l		Dat		Expirati	on		Number of							
					Code	V	(A)	(D)	Exe	ercisable	e Date		Title	Shares	l		I	- 1		1	

## **Explanation of Responses:**

1. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$205.4600 to \$206.1600 per share, inclusive. The Reporting Person undertakes to provide to Hovnanian Enterprises Inc., any security holder of Hovnanian Enterprises Inc., or the staff of the SEC, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote.

Elizabeth D. Tice Attorney-in-

\*\* Signature of Reporting Person

Fact

D. Tice Attorney-in-10/01/2024

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.