FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| I | OMB APP | ROVAL |
|----|---------------------|-----------|
| I | OMB Number: | 3235-0287 |
| II | Estimated average b | ourden |

0.5

hours per response:

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

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] | | | | | | | | | | ck all applic Directo | able) | 10% Owner ive title Other (specify | | /ner | | |
|--|---|--|--|--------|------------------|---|-------|---|-------|------------------------------------|-------|--|----------------------------------|---|---------------------------|---|---|---|--|--|--|--|
| (Last) 110 WES | (Fi ST FRONT | • | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/15/2009 | | | | | | | | | | below) | low) below) Sr. VP / General Counsel | | | | | |
| (Street) RED BA | | | 07701 | | 4.1 | f Ame | endme | nt, Date | of Or | riginal Fi | led (| (Month/Da | ay/Year) | | 6. Inc Line) | Form fi | ed by One | oup Filing (Check Applicable One Reporting Person Hore than One Reporting | | | | |
| (City) | (Si | | (Zip) ole I - Noi | n-Deri | vativ | e Se | curit | ies Ac | qui | ired, D | oisp | osed o | f, or B | enef | icially | / Owned | | | | | | |
| 1. Title of Security (Instr. 3) 2. Trans | | | | | saction | Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | | A) or | 5. Amou Securitie Beneficia Owned F | es Fo ally (D) Following (I) | | n: Direct r Indirect istr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | | Code | , | Amount | (A) (D) | or F | Price | Reported Transact (Instr. 3 a | tion(s) | | | (Instr. 4) | | |
| Class A (| Common Sto | ock | | 01/1 | 15/200 | 9 | | | | M ⁽¹⁾ | | 10,07 | 0 A | | \$0 ⁽²⁾ | 48, | 925 | | D | | | |
| Class A Common Stock | | | | 01/1 | 15/200 | 5/2009 | | | | F | | 3,375 | 5 D : | | \$1.74 | 45, | 550 | D | | | | |
| | | - | Гable II - | | | | | | | | | sed of, onvertil | | | | Owned | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Day | Date, | | Transaction Code (Instr. | | | | Date Exe piration I onth/Day | Date | | of Secui Underly Derivativ | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Dat | te ercisable | | xpiration ate | Title | or Nui of | mber ares | | | | | | | |
| Phantom Stock Units Payout 2012 | \$0 ⁽³⁾ | 01/15/2009 | | | M ⁽¹⁾ | | | 10,070 | | (4) | | (4) | Class A Common Stock | 10 | ,070 | \$0 ⁽²⁾ | 0 | | D | | | |

Explanation of Responses:

- 1. Phantom Stock Units converted to Class A Common Stock following a one-time election to receive early payout
- 3. 1-for-1
- 4. Subject to continued employment through January 15, 2009, payout to be made January 1, 2012, or occurrence of certain other events set forth under the terms of Deferred Compensation Plan

Remarks:

Nancy A. Marrazzo Attorney-01/20/2009 in-Fact

** 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.