Instruction 1(b).

FORM 4

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

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number:	3235-0287				
Estimated average burden					
hours per response:	0.5				

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

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1. Name and Address of Reporting Person* HOVNANIAN ARA K					2. Issuer Name and Ticker or Trading Symbol HOVNANIAN ENTERPRISES INC [HOV]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
												X	Director		Х	10% Ov	wner	
				— I								x	Officer (g below)	ive title		Other (below)	specify	
(Last) (First) (Middle) 10 HIGHWAY 35					3. Date of Earliest Transaction (Month/Day/Year) 01/01/2005								President and CEO					
(Street) RED BA	NK I	٩J	07701		4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Indi X	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(State)	(Zip)										Form life		e than C	пе кероп	ing Person	
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
Date							3. 4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4) Code (Instr. 8) 8						6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
							Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)				(1150.4)		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative		3A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Derivative Security	9. Numb derivati Securiti Benefic Owned Followi	ve es ially	10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership t (Instr. 4)	
	Security									Expiration		Amount or Number		Reporte Transac (Instr. 4)	d tion(s)	(i) (iiisti. 4	"	

Date Exercisable

(3)

(5)

(3)

(5)

(D)

113,506⁽²⁾

145,514⁽⁶⁾

Expiration Date

(3)

(5)

(3)

(5)

Title

Com

Class A

Stock

Class A

Common Stock

Class A

Commor

Stock

Class A

Commo

Stock

Explanation of Responses:

(1)

(1)

(1)

(1)

01/01/2005

01/01/2005

01/01/2005

01/01/2005

1. 1-for-1

Phantom

Phantom

Phantom

Phantom

Stock

Units

Stock

Units

Stock

Units

Stock Units

2. On March 19, 2004, the common stock of Hovnanian Enterprises, Inc. split 2-for-1, resulting in 56,753 additional Phantom Stock Units held by the reporting person.

v

(A)

113,506

145,514

Code

D

A

D

Α

3. Payout to be made on January 1, 2005 or upon the occurrence of certain other events set forth under the terms of Deferred Compensation Plan.

4. Not applicable

5. Payout to be made on January 1, 2008 or upon the occurrence of certain other events set forth under the terms of Deferred Compensation Plan. 6. On March 19, 2004, the common stock of Hovnanian Enterprises, Inc. split 2-for-1, resulting in 72,757 additional Phantom Stock Units held by the reporting person.

Remarks:

Nancy A. Marrazzo

** Signature of Reporting Person

Number of Shares

113,506

113,506

145,514

145,514

(4)

(4)

(4)

(4)

0

113,506

0

145,514

D

D

D

D

01/04/2005

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.