## FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

IN BENEFICIAL OWNERSHIP

<b>STATEMENT</b>	OF	CHAI	<b>IGES</b>

OMB APPROVAL

OMB Number: 3235-028

Estimated average burden

0.5

hours per response:

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

					or s	Secti	ion 30(h)	of the I	nvestmer	nt Con	npany Act	of 194	0					
1. Name and Address of Reporting Person* HOVNANIAN KEVORK S					2. Issuer Name and Ticker or Trading Symbol HOVNANIAN ENTERPRISES INC [ HOV							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
HUVIN.	AINIAIN I	<u>XEVUKK 5</u>			]									X	Direc	ctor	X 10% C	Owner
(Last)	(Fir	rst)	(Middle)											X	Offic belov	er (give title w)	Other below	(specify )
	T FRONT	*	(iviidale)			3. Date of Earliest Transaction (Month/Day/Year) 01/10/2008								Chairman o	airman of the Board			
(Street)					4. If	Am	endment	, Date o	f Original	Filed	(Month/Da	ay/Yea	r)	6. Indi	ividual o	r Joint/Group	Filing (Check A	pplicable
RED BA	NK NJ		07701							X	X Form filed by One Reporting Person Form filed by More than One Reporting							
(City)	(St	ate)	(Zip)									Person						
		Tab	le I - No	n-Deriv	/ative	Se	curitie	s Acc	quired,	Dis	posed o	f, or	Bene	ficially	Owne	ed		
Di		Date	2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)	Code (	Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			4 and Securities Beneficially Owned Follo		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	(A (I	A) or D)	Price	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Class A C	ommon Sto	ock		01/10	0/2008	3			P		12		A	\$5.41	7,2	298,010	D	
Class A C	ommon Sto	ock		01/1	1/2008	3			P		4,100		A	\$5.45	7,3	302,110	D	
Class A C	ommon Sto	ock		01/1	1/2008	3			P		3,500		A	\$5.43	7,3	805,610	D	
Class A C	ommon Sto	ock		01/1	1/2008	3			P		3,100		Α	\$5.48	7,3	808,710	D	
Class A C	ommon Sto	ock		01/1	1/2008	3			P		2,600		Α	\$5.5	7,3	311,310	D	
Class A C	ommon Sto	ock		01/1	1/2008	3			P		2,000		A	\$5.49	7,3	313,310	D	
Class A C	ommon Sto	ock		01/1	1/2008	3			P		1,700		Α	\$5.47	7,3	315,010	D	
Class A C	ommon Sto	ock		01/1	1/2008	3			P		1,600		A	\$5.41	7,3	316,610	D	
Class A C	ommon Sto	ock		01/1	1/2008	3			P		1,500		A	\$5.42	7,3	318,110	D	
Class A C	ommon Sto	ock		01/1	1/2008	3			P		900		A	\$5.44	7,3	319,010	D	
Class A C	ommon Sto	ock		01/1	1/2008	3			P		400		A	\$5.4	7,3	319,410	D	
Class A C	ommon Sto	ock		01/1	1/2008	3			P		400		A	\$5.46	7,3	319,810	D	
Class A C	ommon Sto	ock		01/1	1/2008	3			G	V	90,000	0	D	<b>\$0</b> <sup>(1)</sup>	7,2	229,810	D	
Class A C	ommon Sto	ock													19	90,000	I	Held by wife
		Т	able II - I								sed of, onvertib				wned			
1. Title of	2.	3. Transaction	3A. Deem		4.		<del>-</del>	mber	6. Date E	-			le and		rice of	9. Number o	f 10.	11. Nature
Derivative Security  Conversion or Exercise Price of Derivative Security  Security			n Date, Transaction Code (Ins			on of i		Expiratio	Expiration Date (Month/Day/Year		Amount of Securities Underlying Derivative Security (Instr. and 4)		Der Sed (Ins	Derivative Security (Instr. 5)	derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amou or Numb of Share	er				

Explanation of Responses:

1. N/A

## Remarks:

Multiple Forms submitted.

Nancy A. Marrazzo Attorney-

01/14/2008

<u>in-Fact</u>

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

 $<sup>\ ^{**} \</sup> Intentional \ misstatements \ or \ omissions \ of facts \ constitute \ Federal \ Criminal \ Violations \ See \ 18 \ U.S.C. \ 1001 \ and \ 15 \ U.S.C. \ 78 \ ff(a). \\$