FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549	OMB APPROVAL		
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235	

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

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* HOVNANIAN ARA K					2. Issuer Name and Ticker or Trading Symbol HOVNANIAN ENTERPRISES INC [HOV]								√] (Ch	Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner					
(Last) (First) (Middle) 90 MATAWAN ROAD, FIFTH FLOOR						3. Date of Earliest Transaction (Month/Day/Year) 12/16/2019								below)	(give title	d., Pr	Other (s below) res. & CEO	·	
(Street) MATAWAN (City)	N NJ		747 p)		4. If <i>i</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	e) X Form fi Form fi	vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person					
1. Title of Security (Instr. 3) 2. Tra				2. Transa Date	vative Securities Acquaction Day/Year) 2A. Deemed Execution Date, if any (Month/Day/Year)			3. Transactic Code (Ins 8)	on Dis	4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			5. Amount of		Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Table II - Derivat (e.g., pi									uired, Dis , options,	pose			ficially	(Instr. 3 a	nd 4)				
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security 2. Conversion Date (Month/Day/Year) if any (Month/Day Month/Day Mo			Date, Transaction Code (Ins			on of		6. Date Exercisable and 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. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	s S Ily	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercisable	Expir Date	ation	Title	Amount or Number of Shares						
Market Share Units (Performance)	(1)	12/16/2019 ⁽²⁾			A		6,000		(3)	06/09)/2022	Class A Common Stock ⁽⁴⁾	6,000(5)	\$0.0000	6,000)	D		

Explanation of Responses:

- 1. Shares of Class B Common Stock, par value \$.01 per share, non-cumulative ("Class B Common Stock"), received upon vesting are immediately convertible into Class A Common Stock, par value \$.01 per share, non-cumulative ("Class A Common Stock"), on a one-for-one basis
- 2. The date of the transaction represents the date on which the financial performance criteria of previously granted Market Share Units were determined to have been satisfied
- 3. The Market Share Units vest, if at all and to the extent of specified market performance of the Class A Common Stock over each relevant vesting period, in four equal installments on the following vesting dates: January 1, 2020, June 9, 2020, June 9, 2021 and June 9, 2022
- 4. Upon, and to the extent of, vesting of the Market Share Units, shares of Class B Common Stock would be received. Shares of Class B Common Stock are immediately convertible into an equal number of shares of Class A Common Stock.
- 5. The number of shares of Class B Common Stock that would be received upon vesting of the Market Share Units, if any, may vary from 50% to 175% of the number shown depending on the market performance of the Class A Common Stock over each relevant vesting period

Nancy A. Marrazzo Attorney-

12/18/2019

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.