FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Washington, D.C. 20549 | OMB APPROVAL | | |
|--|--------------|---------|--|
| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | OMB Number: | 3235-02 | |

OMB Number: 3235-0287 Estimated average burden 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).

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] | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
| | | | | | | | | | | | X Directo | r | X | 10% Ov | vner | | |
| (Last) (First) (Middle) | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/08/2012 | | | | | | $\overline{}$ | X Officer below) | (give title | | Other (s | specify | |
| 110 WEST FRONT STREET | | | | | | | | | | | Chairman of Bd., Pres. & CEO | | | | | | |
| | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) | | _ | | | | | | - | | | Liı | ne) | | | | | |
| RED BANK NJ 07701 | | | | | | | | | | | | n filed by One Reporting Person | | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | Form filed by More than One Reporting Person | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | |
| 1 Title of 6 | Coourity (Inot | | | 2. Transact | | 2A. Deem | | 3. | - | | | 5. Amou | nt of | 6.00 | nership | 7. Nature of | |
| Date | | | | | Execution Date if any (Month/Day/Ye | | , Transact Code (In: | on Dispos | | | 5) Securitie Beneficia | es Formally (D) (I) (I) (I) (I) (I) (I) (I) (I) (I) (I | | : Direct Indirect | Indirect Beneficial Ownership | | |
| | | | | | | Code | Amour | t (A) | or Price | Reported Transact (Instr. 3 a | | | | (Instr. 4) | | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | |
| | | | (€ | e.g., put | s, cal | ls, warr | ants | s, options | , conver | ible sec | urities) | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | Derivative Conversion Date Execution Date, Tr Security or Exercise (Month/Day/Year) if any Cr | | Code | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | re es I (A) sed str. | 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 of derivative Securities Beneficially Owned Following Reported Transaction(s | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiratior Date | Title | Amount or Number of Share | s | (Instr. 4) | | | | |
| Option to purchase Class B Common Stock | \$2.88 | 06/08/2012 | | A | | 600,000 | | (1) | 06/07/202 | Class A Common Stock | 600,00 | 0 \$0.0000(2) | 600,00 | 00 | D | | |

Explanation of Responses:

- 1. The option vests in four equal annual installments beginning on June 8, 2014
- 2. N/A

Nancy A. Marrazzo Attorneyin-Fact

06/12/2012

** 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.