FORM 4

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								

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 Director X 10% Owner Officer (give title Check Check (check))					
(Last) (First) (Middle) 10 HIGHWAY 35						3. Date of Earliest Transaction (Month/Day/Year) 07/18/2005								X Officer (give title Other (specify below) President and CEO					
(Street)							endme	ent, Date o	f Origin	al File	d (Month/Da	y/Year)	6. Inc	6. Individual or Joint/Group Filing (Check Applicable					
RED BANK 07701						X Form filed by One Reporting Person													
(City) (State) (Zip)														Person	eu by Mic	ne man	One Repo	rung	
		Та	ble I - N	on-De	rivati	ve S	ecur	ities Ac	quire	d, Di	sposed o	f, or Be	neficially	Owned					
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Yea		Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 au			5. Amount Securities Beneficially Owned Fol	i Iy	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	Transactio	eported ransaction(s) nstr. 3 and 4)		1	nstr. 4)		
Class A C	Common St	ock		07/1	8/2005	5			M		100,000	A	\$2.9063	1,630,	420	Ι			
Class A Common Stock														1,505,0)00 ⁽³⁾	1	t t 2 C I V H a a	Held as rustee of the KSH 004 GRAT in which Reporting Person has potential emainder interest	
Class A Common Stock														236,3	346]	ti I H 2	Held by the Ara K. Hovnanian 004 GRAT ⁽⁴⁾	
Class A Common Stock														33,0	60]	í e	Held by state of on Alton	
Class A Common Stock														13,9	74	1	[s	Held by on Alexander	
Class A Common Stock													6,700		1	I d	Held by aughter erena		
Class A Common Stock														16,7	00]		Held by vife	
			Table II								posed of, convertil			Owned					
1. Title of Derivative Security (Instr. 3)			ed 4. Date, Transacti Code (Ins		action	5. Number of Derivative		6. Date Exerci Expiration Da (Month/Day/Y		isable and		d Amount ies g s Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownershi Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	or Number of Shares	(
Option to purchase Class A Common Stock	\$2.9063	07/18/2005			М			100,000	(1)		07/19/2005	Class A Common Stock	100,000	(2)	0		D		

Explanation of Responses:

^{1.} The option vests in three equal annual installments beginning on July 20, 1996.

3. The Reporting Person disclaims beneficial ownership of these securities except to the extent of his pecuniary interest therein, and the inclusion of these shares in this report shall not be deemed an admission of beneficial ownership of all of the reported shares for purposes of Section 16 or for any other purpose.

4. Held by the Ara K. Hovnanian 2004 GRAT of which the reporting person is trustee and the principal beneficiary.

Remarks:

Anthony J. Maimone

07/18/2005

** 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.