FORM 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

ngton, D.C. 20549	OMB APPROVAL

- 1							
	OMB Number:	3235-0362					
	Estimated average burden						
	hours per response:	1.0					

Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b)

Check this box if no longer subject to

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL **OWNERSHIP**

Form 3 Holdings Reported.										hou	ırs per	response:	1.0		
d.															
1. Name and Address of Reporting Person* ROBBINS JOHN J				2. Issuer Name and Ticker or Trading Symbol HOVNANIAN ENTERPRISES INC [HOV					(Checl	k all app Direc	licable) tor	0	10%	Owner	
(Last) (First) (Middle) 10 HIGHWAY 35				3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 10/31/2005								e Other below		r (specify v)	
(Street) RED BANK NJ 07701					4. If Amendment, Date of Original Filed (Month/Day/Year)					Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting					
(Zip)	Person														
Table I - Non-De	vative Secu	ıritie	s Ac	quire	d, Dis	sposed o	of, or	Benefic	ially	Owne	ed				
2. Transaction Date (Month/Day/Yea			3. Transaction Code (Instr.		Of (D) (Instr. 3, 4 and 5)				Securitie Benefici		es Ov ially Fo		wnership I orm: Direct E	7. Nature of ndirect Beneficial Ownership	
			8)		Amoui			Price		Issuer's Fiscal Year (Instr. 3 and 4)		Indirect (I) (Instr. 4)		(Instr. 4)	
09/29/2004		G5 605 D (1)		4,995				Held by Spouse							
10/08/2004			G	5		10	D	(1)) 1 4985 1 1 1				Held by Spouse		
									12,3		12,314		D		
										wned					
Execution Date, if any	4. Transaction Code (Instr. 8)	of Deriva Secur Acqui (A) or Dispo of (D) (Instr. and 5	mber 6. Date		5. Date Exercisable and Expiration Date Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of		8. Price of Derivative Security (Instr. 5)				Form: Direct (D) or Indirect	Beneficial Ownership (Instr. 4)	
	(Middle) 07701 (Zip) Table I - Non-Deri 2. Transaction Date (Month/Day/Year) 09/29/2004 10/08/2004 Table II - Deriva (e.g., p. ansaction ath/Day/Year) 3A. Deemed Execution Date, if any	ting Person* (Middle) (Middle) (Middle) 3. Stateme 10/31/200 4. If Amend 10/31/200 4. If Amend 20/31/200 2. Transaction Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) Table II - Derivative Securi (e.g., puts, calls, value) ansaction 3A. Deemed Execution Date (e.g., puts, calls, value) ansaction 3A. Deemed Execution Date, if any (code (instr.)	ming Person* (Middle) (Middle) (Middle) (Middle) (Middle) 3. Statement for 10/31/2005 4. If Amendment, (Month/Day/Year) (Month/Day/Year) Table II - Non-Derivative Securities (Month/Day/Year) (Month/Day/Year) Table II - Derivative Securities (e.g., puts, calls, warransaction thh/Day/Year) (month/Day/Year) 3A. Deemed Execution Date, if any (Month/Day/Year) Table II - Derivative Securities (e.g., puts, calls, warransaction Code (Instr. 8) 5. Num Transaction Code (Instr. 8) 5. Num Transaction Code (Instr. 8)	ting Person* (Middle) (Month/Day/Year) (Month/Day/Yea	ting Person* (Middle) (Middle) (Middle) (Middle) (Middle) (Middle) (A. If Amendment, Date of Original Code (Instr. 8) (Month/Day/Year) (Month/Day/Year)	ting Person* (Middle) (M	ting Person* (Middle) 2. Issuer Name and Ticker or Trading Symbol HOVNANIAN ENTERPRISES I 3. Statement for Issuer's Fiscal Year Ended (Month/Day/12005) 4. If Amendment, Date of Original Filed (Month/D Date (Month/Day/19ear) 2. Transaction Date (Month/Day/19ear) 2. Transaction (Month/Day/19ear) 2. Transaction (Month/Day/19ear) 2. Transaction (Month/Day/19ear) 3. Transaction (Code (Instr. 18)) 4. Securities Acquired (Instr. 28) 4. Amount 4. Amount Table II - Derivative Securities Acquired, Disposed of (E.g., puts, calls, warrants, options, convertile ansaction (Code (Instr. 18)) 3. Statement for Issuer's Fiscal Year Ended (Month/Day/19ear) 4. Securities Acquired (Instr. 18) 5. Number of Original Filed (Month/Day/19ear) 6. Date Exercisable and Expiration Date (Month/Day/19ear) 7. Number of Original Filed (Month/Day/19ear) 8.	ting Person* (Middle) (M	ting Person* Company Company	ting Person* Company Act of 1940	ting Person 2. Issuer Name and Ticker or Trading Symbol HOVNANIAN ENTERPRISES INC HOV S. Relationship (Check all app	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned Execution Date (Month/Day/Year) 2. Itsuser Name and Ticker or Trading Symbol HOVNANIAN ENTERPRISES INC [HOV] 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 10/31/2005 4. If Amendment, Date of Original Filed (Month/Day/Year) 5. Individual or Joint/Grot Line) 2. Transaction Date (Month/Day/Year) 7. Transaction (Month/Day/Year) 7. Transaction (Month/Day/Year) 7. Transaction (Po) 7. Transact	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned at end of Securities (Institution Date (Month/Day/Year) A. Demed Execution Date, (Month/Day/Year) 10/32/2004 G5 605 D (I) 4,995 10/08/2004 G5 10 D (I) 4,985 12,314 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) A. Demed Execution Date, (Instr. 3, 4 and 5) 3. Table and 5 5. Amount of Code (Instr. 3, 4 and 5) 5. Amount of Code (Instr. 3, 4 and 5) 5. Amount of Code (Instr. 3, 4 and 5) 6. Individual or Joint/Group Fill (Instr. 3, 4 and 5) 6. Individual or Joint/Group Fill (Instr. 3, 4 and 5) 7. Title and Amount of Code (I	ting Person* Company Act of 1940	

Explanation of Responses:

1. N/A

Remarks:

Nancy A. Marrazzo

12/13/2005

** Signature of Reporting Person

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.