FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number: 3235-028									
Estimated average burden									
houre per reenonce:	0.5								

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

	tion 1(b).	iue. S <i>ee</i>		File							es Exchang npany Act o		934		hours	per res	sponse:	0.5
1. Name and Address of Reporting Person* O'Connor Brad G				2. Issuer Name and Ticker or Trading Symbol HOVNANIAN ENTERPRISES INC [HOV]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owne					
	•	irst) ENTERPRISES	(Middle) 5, INC.		3. Date of Earliest Transaction (Month/Day/Year) 12/13/2021									Officer (give title other (spec below) below) SVP, CAO and Treasurer				pecify
(Street) MATAW (City)		J tate)	07747 (Zip)		4. 1	f Ame	endment, Da	ate of	Original I	Filed	(Month/Day	r/Year)	Line	X Form fi	led by One led by Moi	e Repo	(Check App orting Person One Report	.
		Ta	ble I - Nor	า-Deriv	ativ	e Se	curities	Acc	uired,	Dis	posed of	f, or Be	neficiall	y Owned				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				action Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year		Code (Instr. 5)			ed (A) or tr. 3, 4 and	5. Amour Securities Beneficia Owned Fe Reported	es Fo ially (D) Following (I)		: Direct I · Indirect I str. 4) (7. Nature of Indirect Beneficial Ownership (Instr. 4)		
										v	Amount	(A) oı (D)	Price	Transaction(s) (Instr. 3 and 4)				111301. 4)
			Table II -								osed of, onvertib			Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/Y	ate, Tra	ansac ode (Ir		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			of Securi Underlyii	ng e Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securitie Beneficia Owned Following Reported Transacti	e s ally g	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)
				Co	ode	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	on(s)		
Phantom Shares ⁽¹⁾	(2)	12/13/2021 ⁽¹⁾		1	A		25,863 ⁽³⁾		(4)		(4)	Class A Common	25,863	\$0.0000	25,86	3	D	

Explanation of Responses:

- 1. Phantom Shares represent the right to payment in the future solely of an amount of cash based on the future stock price of the Class A Common Stock. The date of the transaction represents the date on which the financial performance criteria of a previously granted long-term incentive plan ("LTIP") award were determined to have been satisfied, which LTIP award is payable partly in these phantom shares.
- 2. Following vesting, each phantom share will be paid in an amount of cash equal to the value of a share of Class A Common Stock, par value \$.01 per share, non-cumulative ("Class A Common Stock") at the time of payout, as calculated pursuant to the applicable award agreement.
- 3. Represents the number of shares determined to have been earned for the share portion of the LTIP.
- 4. The share portion of the LTIP award vests as follows: (a) 13,738 shares are vested, (b) 6,064 shares vest on October 31, 2022, and (c) 6,062 shares vest on October 31, 2023 and settle in cash in the January following vesting.

Remarks:

bradoconnorpoa08252021.txt

Elizabeth D. Tice Attorney-in-

Fact

** Signature of Reporting Person

12/15/2021

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.