FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washir

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| ngton, D.C. 20549 | 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

| | | | | | OI S | Secuc |)II 30(II) | oi trie | mvesum | eni Co | прапу Аст | 01 194 | 40 | | | | | | | | |
|---|--|--|--|-------------------|---|--|-------------------|---|------------------------------|--|--------------------|-----------|-----------------|----------------------|---|--|---|---------------|---|--|--|
| 1. Name and Address of Reporting Person* | | | | | | 2. Issuer Name and Ticker or Trading Symbol BEAZER HOMES USA INC [BZH] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
| LEEMPUTTE PETER G | | | | | 1 | DELIEURI TOTALO CONTINO DELL'I | | | | | | | | | X | Direc | tor | | 10% O | wner | |
| (Last) (First) (Middle) 1000 ABERNATHY ROAD | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/08/2013 | | | | | | | | | | | Office below | er (give title v) | | Other (below) | specify | |
| SUITE 260 | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) | | | | | | | | | | | | | | | X | Form | n filed by One | e Rep | orting Pers | on | |
| ATLANTA GA 30328 | | | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transar Date (Month/Date) | | | | | | ar) i | Executio f any | A. Deemed xecution Date, any Month/Day/Year) | | 3. Transaction Code (Instr. 8) 4. Securi Disposed 5) | | | | | 4 and Secu Bene Own | | cially I Following | Form (D) o | vnership n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Cod | e v | Amount | | (A) or (D) | Price | , Tr | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Common Stock 11/08 | | | | | 3/2013 | 3 | | | | | 3,280 | 0 | A | (1 | 17,213 | | 7,213 | | D | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution D if any (Month/Day/ | Date, Transaction | | | | | 6. Date Expirat (Month | ion Da | | Amount of | | str. 3 | 8. Price Derival Securit (Instr. § | tive derivative Securities Beneficiall Owned Following Reported | Securities Beneficially Owned Following Reported Transaction | y Di (I) | .0. Ownership Form: Direct (D) or Indirect I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercis | sable | Expiration Date | Title | or Nur of | ount nber ires | | | | | | | |

Explanation of Responses:

1. Restricted stock award that will vest on November 8, 2014.

Ken Khoury

11/12/2013

** 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.