FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | | |
|-------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average | e 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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* KELLEY JOHN J III | | | | 2. Issuer Name and Ticker or Trading Symbol BEAZER HOMES USA INC [BZH] | | | | | | | (CI | neck all app | onship of Reporting all applicable) Director | | son(s) to Is | vner | | | |
|--|---|--|---------------------------|--|---|--|--------|---|--|----------|---|--|--|---|--|----------------------|--|---|------------|
| (Last) | (Fir | st) (N | fliddle) | 3. Date of Earliest Transaction (Month/Day/Year) 08/07/2024 | | | | | | | | | Office below | er (give title v) | | Other (s below) | pecify | | |
| 2002 SUMMIT BLVD 15TH FLOOR | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Lin | Individual or Joint/Group Filing (Check Applicable ie) Form filed by One Reporting Person | | | | · | | | |
| (Street) | · | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | | | |
| (City) | (Sta | ate) (Z | iip) | | Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to satisfy the affirmative defense conditions of Rule 10b5-1(c). See I | | | | | | | | | uction or writt | en plan | n that is inter | ided to | | |
| | | Table | I - Non-De | erivat | tive S | Secu | rities | Acq | uired, | Disp | osed of | , or I | Ben | eficia | ally Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | Executio | | cution ny | Date, | Transaction Dispo | | Disposed | rities Acquired (ed Of (D) (Instr. 3 | | (A) or 3, 4 a | nd Securit Benefic Owned | Securities Beneficially | | : Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | (A (D |) or) | Price | Transa | ction(s) 3 and 4) | | | 111341. 4) |
| No securities are beneficially owned 08/07/2 | | | | 2024 | | | A | | 866(1) | | A | \$ <mark>0</mark> | 866 | | | 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) | Execution Date, 7) if any | | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | rative rities pired r osed) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) | | nstr. | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | y [| 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | | Date Exercisa | | Expiration Date | Title | or Nur of | ount nber res | | | | | |

Explanation of Responses:

1. Restricted stock award scheduled to vest on the first anniversary of grant date.

Remarks:

/s/ Kristi O. Crawford, 08/08/2024 Attorney-in-Fact

** 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.