FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| | | |

| Check this box if no longer subject to | STATEMENT OF CHAN |
|--|---------------------------|
| Section 16. Form 4 or Form 5 | |
| obligations may continue. See | |
| Instruction 1(b). | Filed pursuant to Section |

NGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* <u>BUTLER ROBERT C</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol NVR INC [NVR] | | | | | | | | | of Repor licable) or | ting Person(s) to Is | | | | |
|---|---|--|--|---------------------------|---|---|---------|-------------------------------------|--|----------|----------------------------|---|--|---|---|--|---|--|--|--|
| (Last) (First) (Middle) 11700 PLAZA AMERICA DR. | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/11/2010 | | | | | | | | | er (give title v) | | Othe belov | (specify) | | | |
| SUITE 5 | 00 | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) | | | | | | | | | | | | | | , | filed by O | ne Rep | oorting Per | son | | |
| RESTON | \ \ \V_ | A . | 20190 | | | | | | | | | | | Form Perso | | fore tha | ın One Re | porting | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | | | |
| | | Tab | le I - No | n-Deriv | /ative | Sec | curitie | s Ac | quired | , Dis | sposed o | of, or Be | eneficia | lly Owne | d | | | | | |
| | | | Date (Month/Day/Year) | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Disp Code (Instr. 5) | | Disposed | ies Acquire Of (D) (Ins | | Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | Reported (Instr. 4) Transaction(s) (Instr. 3 and 4) | | | | | | |
| NVR, Inc | . common s | stock | | 05/11/ | /2010 | | | | A | | 648(1) | A | \$0 | 94 | 948 D | | | | | |
| NVR, Inc. common stock | | | | | | | | | | | | | | 150 | | , | | By Charitable Remainder Trust | | |
| | | Т | able II - | | | | | | | | osed of | | | / Owned | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deen Executio if any (Month/D | Date, Transac Code (In | | | ion of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Numb derivativ Securitie Beneficie Owned Followin Reported Transact (Instr. 4) | ve es ally ig d tion(s) | 10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4 | Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | Amount or Number of Shares | | | | | | | |
| Employee stock option (right to buy) | \$703 | 05/11/2010 | | | A | | 1,764 | | (2) | | 05/10/2020 | common stock | 1,764 | \$0 1,764 | | 4 D | | | | |

Explanation of Responses:

- 1. Restricted share units granted under the 2010 Equity Incentive Plan vest in 50% increments on 12/31/11 and 12/31/12.
- 2. Options granted under the 2010 Equity Incentive Plan vest in 50% increments on 12/31/13 and 12/31/14.

Remarks:

Robert W. Henley, Attorney in fact for Robert C. Butler

05/13/2010

** 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.