FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

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

STATEMENT OF CHANGES 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* SCHAR DWIGHT C | | | | | | 2. Issuer Name and Ticker or Trading Symbol NVR INC [NVR] | | | | | | | | | | k all app Dired | | ng Per | 10% C | wner |
|--|--|--------|--|-------|---|---|----------------|---------------------------------------|-------------------------------------|---|-------------|---|----------------------|--|---|---|--|---|---|--|
| (Last) (First) (Middle) 7601 LEWINSVILLE ROAD SUITE 300 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 10/04/2004 | | | | | | | | | | Officer (give title below) Chairman of the Board and CEO | | | | | |
| (Street) MCLEA | N VA | A 2 | 22102 | | 4. If | Ame | endment, | Date of | of Original | l Filed | i (Month/Da | ay/Ye | ear) | | 6. Indi Line) X | Forn | r Joint/Group n filed by One n filed by Moi on | e Rep | orting Pers | on |
| (City) | (St | ate) (| (Zip) | | | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| | | | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transa Code | Transaction Dispos Code (Instr. 5) | | curities Acquired (A) o osed Of (D) (Instr. 3, 4 | | | | | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | Code V Amount | | | (A) or (D) Pri | | Tronggation(a) | | ction(s) | | | (1130.4) |
| NVR, Inc. common stock | | | | 10/04 | 1/2004 | 4 | | | G | V | 100 | 100 | | | (1) | 464,657 | | | D | |
| NVR, Inc. common stock | | | | | | | | | | | | | | | 3 | 3,165 | | I | By ESOP Trust | |
| NVR, Inc. common stock | | | | | | | | | | | | | | | | 3 | 1,652 | | I | By Profit Sharing Trust |
| NVR, Inc. common stock | | | | | | | | | | | | | | | 100,000 | | | I | By Schar GRAT ⁽²⁾ | |
| | 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 Output Security 3. Transaction Date Execution if any (Month/Day/Year) (Month/Day/Year) | | | | | Date, Transactio | | n of | | 6. Date E Expiration (Month/D | n Dat | | Amount of Securities Underlying Derivative Security (Instr. and 4) | | | Der Sec (Ins | rice of ivative urity tr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4) | F D O (I | LO. Dwnership Form: Direct (D) or Indirect I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| Code | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | or Nur of | ount nber ares | | | | | | | |

Explanation of Responses:

- 1. This transaction represents a bona fide gift of NVR, Inc. common stock; thus, there is no disposed price associated with this transaction.
- 2. These shares were previously reported as directly owned but were transferred to the Schar Grantor Retained Annuity Trust.

Remarks:

Dwight C. Schar

10/07/2004

** 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.