FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | | |
|---------------------|----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | | | |
| Estimated average I | hurden | | | | | | | | |

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* | | | | | | 2. Issuer Name and Ticker or Trading Symbol | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
| SLYE GEORGE E | | | | 1-1 | | <u>.,</u> [| 11111 | J | | | | | | X | Direc | tor | | 10% O | wner | | |
| (Last) (First) (Middle) 11700 PLAZA AMERICA DR. | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/30/2007 | | | | | | | | | | Office | er (give title v) | | Other (spec below) | | |
| SUITE 500 | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6 | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | |
| (Street) RESTON | I VA | Δ 2 | 20190 | | | | | | | | • | | ŕ | L | ine) X | Form | n filed by One | | Ü | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | Pers | OII | | | | |
| | | Tabl | e I - No | n-Deriv | ative | Sec | uritie | s Acc | quired | , Dis | posed o | f, c | or Bei | nefici | ally (| Owne | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | Exe | | A. Deemed xecution Date, any //onth/Day/Year) | | Transaction Dispose Code (Instr. | | | ities Acquired (A) d Of (D) (Instr. 3, 4 | | | 4 and 5) See Be Ow | | Owned Following | | nership Direct Indirect tr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | | | ection(s) 3 and 4) | | | (Instr. 4) | |
| NVR, Inc. common stock 01/30/2 | | | | 2007 | | | S | | 3,125 | 5 D \$6 | | \$650 | 0.38 | 4,250 | | | 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. Deen Executio if any (Month/D | Date, Transaction Code (Ins | | | | | 6. Date Exercisab Expiration Date (Month/Day/Year) | | e | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | ; | | | 9. Number o derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownersh Form: Direct (D) or Indirec (I) (Instr. | nership rm: ect (D) Indirect | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Tit | or Nu of | ımber | | | | | | | |

Explanation of Responses:

Remarks:

<u>Dennis M. Seremet, Attorney</u> <u>in fact for George E. Slye</u>

** 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.