FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). |
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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* BALL C LOWELL | | | | | | | 2. Issuer Name and Ticker or Trading Symbol BEAZER HOMES USA INC [BZH] | | | | | | | | | | | of Reporting Pe icable) or r (give title | | rson(s) to Iss 10% Ov Other (s | vner |
|---|--|--|--|-------|---------------------------|-------|--|-------|---------------|---|------|---|---|------|--|---|--|---|---------------|--|--|
| (Last) (First) (Middle) 1000 ABERNATHY ROAD SUITE 1200 | | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/28/2004 | | | | | | | | | | below) | | eral C | below) | |
| (Street) ATLANTA GA 30328 | | | | | Line | | | | | | | | | | | Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | n |
| (City) | (Si | tate) | (Zip) | | | | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | | r) Ex | 2A. Deemed Execution Date, if any (Month/Day/Year) | | , Tr Co | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | | | 4 and 5) Securit Benefic Owned | | es ially Following | Forn (D) c | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | | ode | v | Amount | | (A) or (D) | Price | | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | | |
| Common Stock 09/28/ | | | | | | .004 | | | | M | | 450 | | A | \$0 | \$0 ⁽¹⁾ | | 5,315 | | D | |
| Common Stock | | | | | | | | | | | | | | | | | 1 | 115 | | I | Issuer 401K Plan |
| Common Stock 09/29/2 | | | | | | | | | S | S ⁽²⁾ | | 450 | | D | \$106.25 | | 4,865 | | | D | |
| Common Stock | | | | | | | | | | | | | | | | | 1 | 115 | | I | Issuer 401K Plan |
| | 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. Deem Execution if any (Month/Da | Date, | Date, Transac Code (II | | | | Expir | ate Exe ration I nth/Day | Date | | 7. Title and Amount of Securities Underlying Derivative Se (Instr. 3 and 4 | | Security d 4) | Der Sec (Ins | . Price of Perivative Pecurity Pecurity Pecurity | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code V | | (A) | (D) | Date Exerc | ate Exp kercisable Dat | | xpiration ate | Title | e | Amount or Number of Shares | | | | | | |
| Restricted | \$0 ⁽¹⁾ | 09/28/2004 | | | M | | | \$450 | 09/2 | 8/2004 | 0 | 9/28/2004 | | nmon | 450 | | \$0 ⁽¹⁾ | 0 | | D | |

Explanation of Responses:

- 1. Vesting of restricted stock units. One for one conversion of restricted stock units to common stock.
- 2. Sale occurred because the individual incurred a tax liability upon the vesting of restricted stock units.

/s/ Michael T. Rand, by power 09/30/2004 of attorney

** 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.