Labovitz Bruce J Form 4

September 14, 2007

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB APPROVAL OMB

3235-0287 Number: January 31,

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5. Relationship of Reporting Person(s) to

Issuer

if no longer subject to Section 16. Form 4 or Form 5

Check this box

obligations may continue. See Instruction

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

2. Issuer Name and Ticker or Trading

Symbol

1(b).

(Print or Type Responses)

Labovitz Bruce J

1. Name and Address of Reporting Person *

| | | | Comstock Homebuilding Companies, Inc. [CHCI] | | | | anies, | (Check all applicable) | | | | |
|--|--|---------------|---|--|------|-------------------------|--------|--|--|--|---|--|
| (Last) (First) (Middle) 11465 SUNSET HILLS ROAD | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/12/2007 | | | | | Director 10% Owner _X_ Officer (give title Other (specify below) Chief Financial Officer | | ner (specify | | |
| FIFTH FLO | | | | | | | | | | | | |
| | (Street) | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) | | | |
| RESTON, VA 20190 | | | | icu(Monuil Day/ Teal) | | | | | _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| (City) | ty) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | |
| 1.Title of Security (Instr. 3) | 2. Transaction I (Month/Day/Ye | ar) Execution | med on Date, if Day/Year) | 3. Transacti Code (Instr. 8) | on(A | A) or Disponstr. 3, 4 a | osed o | of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| Class A Common Stock | 09/12/2007 | | | A | 2. | 30,193 | A | \$0 | 378,411 | D | | |
| Class A Common Stock | | | | | | | | | 824 | I | Custodian for Jennifer Labovitz | |
| Class A Common Stock | | | | | | | | | 824 | I | Custodian for Jacob Labovitz | |
| Class A | | | | | | | | | 824 | I | Custodian | |

Common for Sarah Stock Labovitz

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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SEC 1474

(9-02)

Relationships

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) | 4. Transaction Code (Instr. 8) | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, | . | ate | Amou Under Securi | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | 9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr |
|---|---|---|---|---|---------------------|--------------------|-------------------------|---|---|
| | | | Code V | 4, and 5) (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | |

Reporting Owners

| Reporting Owner Name / Address | | | | | | | |
|-------------------------------------|----------|-----------|-----------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| Labovitz Bruce J | | | Chief | | | | |
| 11465 SUNSET HILLS ROAD FIFTH FLOOR | | | Financial | | | | |
| RESTON, VA 20190 | | | Officer | | | | |

Signatures

/s/ Jubal Thompson, by power of attorney 09/14/2007

**Signature of Reporting Person Date

Explanation of Responses:

- * 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. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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