FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPRO | OVAL | | | | | | | |
|--------------------------|---------------------------------------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per response: | 0.5 | | | | | | | |
| | OMB Number: Estimated average burd | | | | | | | |

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

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* ZUNKER ARTHUR R JR | | | | | | 2. Issuer Name and Ticker or Trading Symbol <u>EAGLE MATERIALS INC</u> [EXP] | | | | | | | | | Check all a | hip of Reporti pplicable) ector icer (give title | | 10% C | wner |
|--|--|--|--|---------|---|---|---|-------------------|--|--------------------|--|---|-----------------------------|--------|---|--|--------------------------------------|---|--|
| (Last) (First) (Middle) 3811 TURTLE CREEK BLVD., #1100 | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/20/2007 | | | | | | | | | | low) | | Other (specify below) urer & CFO | |
| (Street) DALLAS (City) | | | 75219 (Zip) | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | G. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Tabl | le I - Nor | n-Deriv | ative | Sec | curitie | s Acc | uired, | Dis | posed o | f, or | Bene | ficia | ally Ow | ned | | | |
| Da | | | | | Date (Month/Day/Year) i | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Dispo | | Disposed | rities Acquired (A) ed Of (D) (Instr. 3, 4 | | | nd Sec Ben Owr | mount of urities eficially led Following orted | Form | nership Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | Code | v | Amount | (/ | () or () | Price | Trar | saction(s) r. 3 and 4) | | | (111311. 4) | |
| Restricted | Common | 04/20 | /20/2007 | | | | A | | 4.329 | 3 A \$ | | \$0 |) ⁽¹⁾ 1,119.1844 | | | D | | | |
| Common Stock | | | | | | | | | | | | | | | | 8,117 | | 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. Deem Execution if any (Month/Da | Date, | 4. Transaction Code (Instr. 8) | | of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | str. 3 | 8. Price o Derivative Security (Instr. 5) | derivative Securities | Own For Dire or I (I) (I | o. wnership orm: irect (D) Indirect (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | Code V | | (D) | Date Exercisal | | Expiration Date | Amou or Numb of Title Share: | | ber | | | | | | |

Explanation of Responses:

1. The grant reported above represents Restricted Common Stock Units ("RSUs") accrued in connection with a dividend paid by Issuer on its Common Stock and as a result of certain dividend equivalent rights associated with the reporting person's existing RSUs.

/s/ James H. Graass as
Attorney-in-Fact for Arthur R. 04/24/2007
Zunker, Jr.

** 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.