FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
hours per response... 0.5

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 OF SECURITIES

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 ar | | | | | | | | | | | | | | |
|---|---|--|--|---|-------------|--|-----------------|--|---|---|-----------------|---------------------------|--|-----------------------------------|
| Name and Address of Reporting Person* Szubinski Clinton | | | 2. Issuer Name and Ticker or Trading Symbol Meritage Homes CORP [MTH] | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X Officer (give title below) Other (specify below) EVP - Chief Operating Officer | | | | | |
| (Last) (First) (Middle) 8800 E RAINTREE DRIVE, SUITE 300 | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/01/2021 | | | | | | | | | | |
| (Street) SCOTTSDALE, AZ 85260 | | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) (State) (Zip) | | | Table I - Non-Derivative Securities Acqu | | | | | lired, Disposed of, or Beneficially Owned | | | | | | |
| (Instr. 3) Date | | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, i any (Month/Day/Yea | f Code (Instr. 8) | | 4. Securities Acquire (A) or Disposed of (D) (Instr. 3, 4 and 5) | | of | d 5. Amount of Securities Beneficially Owned Follow Reported Transaction(s) (Instr. 3 and 4) | | ollowing (s) | Form: Direct (D) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | Code | V | Amount | (A) or (D) | Price | | • | | or Indirect (In (I) (Instr. 4) | (Instr. 4) |
| МТН Со | mmon Sha | ares | 03/01/2021 | | A | | 7,086 (1) | A | \$ 0 | 0 15,342 (2) | | | D | |
| MTH Common Stock | | | | | | | | | 1,727 (3 |) | | D | | |
| | | | | | | | | | | | ction of inf | • | | 1474 (9-02) |
| | | | | Derivative Securi | | the fo | orm disposed of | plays a o | curre eficial | ntly valid | | spond unle trol number | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | n 3A. Deemed Execution Da any | Derivative Securi e.g., puts, calls, w 4. te, if Transaction Code Year) (Instr. 8) | sarrants, o | the forced, Dispersions, 6. Day and E (Monte) | orm disposed of | f, or Bend ble secur isable in Date | eficial rities) 7. T Ame Und Seco | ntly valid | OMB cont | | of 10. Owners Form of Derivat Security Direct (or Indir | Benefici Ownersh (Instr. 4) |

Reporting Owners

| D (O N / | Relationships | | | | | |
|---|---------------|--------------|-------------------------------|-------|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| Szubinski Clinton 8800 E RAINTREE DRIVE SUITE 300 SCOTTSDALE, AZ 85260 | | | EVP - Chief Operating Officer | | | |

Signatures

| /s/ Alison Sasser, attorney-in-fact for Clinton Szubinski | 03/04/2021 |
|---|------------|
| **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).
- (1) Represents grant of restricted share units. The shares will fully vest on the third anniversary of the date of grant.
- (2) Balance represents restricted stock units not vested.
- (3) Balance reflects all other holdings, including restricted stock units that have previously vested.

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.