## FORM 4

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

OMB APPROVAL				
OMB Number:	3235-0	287		
Estimated average	burden			
nours per response	e	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

(Print or Ty	pe Response	s)		T.										
1. Name and Address of Reporting Person * Sarver Robert Gary			2. Issuer Name and Ticker or Trading Symbol Meritage Homes CORP [MTH]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner					
	(Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day 08/27/2012				/Year)			er (give title belo	ow)	Other (specify	pelow)			
(Street) SCOTTSDALE, AZ 85255			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)	1	able I - No	n-Dei	rivative S	Securitie	s Acqui	ired, Disp	osed of, or l	Beneficially	Owned	
1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Year		Date	2A. Deemed 3. Transa Execution Date, if any (Instr. 8)		(A) or Disposed of (D)			of (D)	Reported Transaction(s)			Ownership of Form:	Beneficial	
				(Month/Day/Yea	Code	V	Amount	(A) or (D)	Price	or Inc (I)		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
МТН Со	ommon Sto	ck	08/27/2012	08/27/2012	S		4,800	11)	\$ 36.05	193,000 (1)		I	See Note.	
МТН Со	ommon Sto	ck								18,000 (2)			D	
МТН Со	mmon Sto	ck								1,000,000 (3)			I	Indirect
Reminder:	Report on a s	separate line fo		Derivative Secur	ities Acqui	Pers cont the t	sons wh tained ir form dis	o responding this for splays a	orm are currer	not requesting noting valid	OMB con	formation spond unle trol numbe	ess	1474 (9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transactio Date (Month/Day/	3A. Deemed Execution Da any	te, if Transaction Code Year) (Instr. 8)	5.	6. D and (Mo	Pate Exerc Expiratio Expiration onth/Day/	cisable on Date	7. Ti Amo Undo Secu	itle and punt of erlying urities r. 3 and		9. Number Derivative Securities Beneficiall Owned Following Reported Transaction (Instr. 4)	Owners Form of Derivat Security Direct ( or Indir	Beneficia ive Ownersh y: (Instr. 4) ect

### **Reporting Owners**

P ( O N /	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Sarver Robert Gary 17851 N. 85TH STREET SUITE 300 SCOTTSDALE, AZ 85255	X					

#### **Signatures**

/s/ Hilla Sferruzza, attorney-in-fact for Robert G. Sarver	08/29/2012
**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).
- Balance represents indirect ownership of shares held in trust (6,000 shares Penny Sarver wife; 2,000 shares Penny Sarver FBO Max Sarver minor son; 4,400 shares

  (1) Robert Sarver trustee of Eva Lauren Hilton Trust; 4,400 shares Robert Sarver trustee of Shari Rachel Hilton Trust; 176,200 shares Robert Sarver trustee of Robert Sarver
- (2) Balance represents restricted shares not vested.
- (3) Balance represents shares purchased by Southwest Value Partners Fund XIV, LP. Mr. Sarver indirectly shares control over the voting, purchase and disposition of these shares. He disclaims any direct pecuniary interest in such shares and has only an indirect beneficial or pecuniary interest in them.

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.