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

| | pe Response | s) | | | | | | | | | | | | | | | |
|--|------------------------------------|--|-----------------|------------|--|--------------------------|---|---|--|-------------------------------|-------------------------------|--|--|--|---|--|------------------------------|
| 1. Name and Address of Reporting Person* Sferruzza Hilla | | | |] | 2. Issuer Name and Ticker or Trading Symbol Meritage Homes CORP [MTH] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)Director10% Owner | | | | |
| (Last) (First) (Middle) 17851 N. 85TH STREET, STE 300 | | | | · . | 3. Date of Earliest Transaction (Month/Day/Year) 02/12/2013 | | | | | | | X Officer (give title below) Other (specify below) Chief Accounting Officer | | | | | |
| SCOTTSDALE, AZ 85255 | | | | , | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) (State) (Zip) | | | | | Table I - Non-Derivative Securities Acqu | | | | | | es Acqui | nired, Disposed of, or Beneficially Owned | | | | | |
| 1.Title of Security (Instr. 3) | | 2. Transaction Date (Month/Day/Year) | | | | c, if Code (Instr. 8) | | (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | of (D) | Reported Transaction(s) | | | Ownership Form: | 7. Nature of Indirect Beneficial | |
| | | | | | (Month/E | oay/ Y ear | | ode | V | Amoun | (A) or (D) | Price | or I | | or Indirect | Ownership (Instr. 4) | |
| МТН Со | ommon Sto | ck | 02/12/20 | 13 | | | | S | | 854 <u>(1</u> | D | \$ 40.64 | 3,031 (2 |) | | D | |
| МТН Со | ommon Sha | ares | 02/13/20 | 13 | | | 1 | A | | 4,000 (3) | A | \$ 0 | 14,400 | <u>(4)</u> | | D | |
| Reminder: | Report on a s | separate line fo | | ble II - D | erivative | e Securit | ties Ac | equire | Pers cont the f | ons wh ained ir orm dis | o responding this for plays a | orm are a currer eneficial | not requ | | ormation spond unle rol numbe | ss | 1474 (9-02) |
| Security | 2. Conversion or Exercise | | Execution D any | eemed | 4. Transactio Code Year) (Instr. 8) | | 5. | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | .1 1 | | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | | |
| - | Price of Derivative Security | (Month/Day/ | Year) any | | Cod | le | of Deriv Secur Acqu (A) or Dispo of (D) (Instr | rative rities ired rosed) . 3, | | Expiratio | n Date | Amo Undo Secu | tle and ount of erlying rities r. 3 and | Derivative Security | Derivative Securities Beneficially Owned Following Reported Transaction | Ownersl Form of Derivati Security Direct (I or Indire | Ownersh (Instr. 4) (D) |

Reporting Owners

| D. C. O. N. / | Relationships | | | | | | | |
|--|---------------|--------------|--------------------------|-------|--|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | | |
| Sferruzza Hilla 17851 N. 85TH STREET STE 300 SCOTTSDALE, AZ 85255 | | | Chief Accounting Officer | | | | | |

Signatures

| /s/ Hilla Sferruzza | 02/13/2013 | | |
|---------------------------------|------------|--|--|
| **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 sale of shares to cover required tax withholdings under 10b5-1 plan.
- (2) Balance reflects all other holdings, including restricted shares that have previously vested.
- (3) Represents restricted stock grant vests ratably over 5 years.
- (4) Balance represents restricted shares not 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.