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

	pe Kesponse		rcon*	2 Iccuer Name a	nd Ticker	or Tro	ding Syr	mbol		5. Relation	nship of Rer	orting Perso	n(s) to Issue	er
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) 17851 N. 85TH STREET, SUITE 300				3. Date of Earliest Transaction (Month/Day/Year) 04/29/2013						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) X_ Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City) (State) (Zip)			Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned											
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Y			2A. Deemed Execution Date, if	(Instr. 8)				quired of			6. Ownership Form: Direct (D)	Beneficial Ownership		
					Code	v	Amoun	(A) or (D)	Price			or Indirect (Instr. 4) (I) (Instr. 4)		
МТН Со	mmon Sto	ck	04/29/2013		G	V	6,819 (1)	D	\$ 0	189,540 (2)		I	See Note.	
МТН Со	mmon Sha	ares								18,000 (3)			D	
				Derivative Securit		the f	ained ir form dis	this for splays a	rm are curre reficial	e not requ ntly valid	OMB con	formation spond unle trol numbe	ss	1474 (9-02)
	I_	la m	,	e.g., puts, calls, wa							l. n		0 40	Lee are
Security	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/\)	Execution Day Year) any	te, if Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	and Expiration Date (Month/Day/Year) A U. See (Ir d) d d		Ame Und Seco	itle and ount of lerlying urities tr. 3 and		f 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownershi Form of Derivativ Security: Direct (D or Indirect	Beneficia Ownershi (Instr. 4)	
				Code V	(A) (D)	Date Exer	ccisable	Expiration Date	n Title	Amount or Number of Shares				

Reporting Owners

Donorsking Common Name /	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	04/30/2013
**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).
- Represents charitable stock donation to The Robert and Penny Sarver Family Foundation. The foundation sold these shares the same day they were recieved. Mr. Sarver serves as a board member and has authority to make investment decisions on behalf of this foundation.
- 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; 8,170 shares (2) Robert Sarver trustee of Eva Lauren Hilton Trust; 8,170 shares Robert Sarver trustee of Shari Rachel Hilton Trust; 165,200 shares Robert Sarver trustee of Robert Sarver
- (3) 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.