FORM 4

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

OMB APPROVAL							
OMB Number:	3235-0287						
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)															
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) 8800 EAST RAINTREE DRIVE, SUITE 300				` ′	3. Date of Earliest Transaction (Month/Day/Year) 02/11/2015							Office	r (give title belo	w)(Other (specify b	pelow)	
(Street) SCOTTSDALE, AZ 85260				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)				(Zip)	Table I - Non-Derivative Securities Acqui							ired, Disposed of, or Beneficially Owned					
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year)		nth/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year		(Instr. 8)		4. Securitie (A) or Disp (D) (Instr. 3, 4		Disposed	risposed of		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		Form: Direct (D)	7. Nature of Indirect Beneficial Ownership		
							C	ode	V	Amour	(A) or (D)	Price	ice			or Indirect (I) (Instr. 4)	(Instr. 4)
МТН Со	mmon Sha	nres	02/1	1/2015				A		4,000 (1)	A	\$ 0	16,000 (2)			D	
MTH Common Stock											213,040 (3)			I	See Note.		
Reminder:	Report on a s	eparate line fo	or each	class of securi	D eriva	tive Securit	ies A	f c t	Personta conta the fo	ons whained in	o respo n this for splays a	rm are curre	e not requ ntly valid		ormation spond unlestrol number	ss	1474 (9-02)
			1			uts, calls, wa										. 1	-
Security	2. Conversion or Exercise Price of Derivative Security	3. Transactio Date (Month/Day/		3A. Deemed Execution Date any (Month/Day/Y	e, if	Code	of	vative rities ired r osed) . 3,	and Expiration Date (Month/Day/Year) Au Un Se (In		Am Und Seco	itle and ount of lerlying urities tr. 3 and	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Owners Form of Derivati Security Direct (or Indire	Beneficia Ownersh (Instr. 4)	
						Code V	(A)		Date Exerc		Expiratio Date	n Title	Amount or e Number of Shares				

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Sarver Robert Gary 8800 EAST RAINTREE DRIVE SUITE 300 SCOTTSDALE, AZ 85260	X						

Signatures

/s/ Hilla Sferruzza, attorney-in-fact for Robert G. Sarver	02/12/2015
**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 shares. The shares will fully vest on third anniversary of the date of grant.
- (2) Balance represents restricted shares and restricted share units not vested.
 - 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
- (3) Robert Sarver trustee of Eva Lauren Hilton Trust; 8,170 shares Robert Sarver trustee of Shari Rachel Hilton Trust; 188,700 shares Robert Sarver trustee of Robert Sarver Trust)

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.