FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
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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 | | | | | | | | | | | | | | | | |
|--|---|-----------------|--|--|---------|--------------------------------------|--------------|---|--|--|---|---------------------------------------|---|---|--|-------------------------|
| 1. Name and Address of Reporting Person * Feliciano Javier | | | | 2. Issuer Name and Ticker or Trading Symbol Meritage Homes CORP [MTH] | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | |
| (Last) (First) (Middle) 8800 E. RAINTREE DRIVE, SUITE 300 | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/30/2021 | | | | | | X Officer (give title below) Other (specify below) EVP Chief People Officer | | | | | | |
| (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 PersonForm filed by More than One Reporting Person | | | | | | |
| (City |) | (State) | (Zip) | | | Tabl | le I - N | on-De | rivative | Securitie | es Acq | uired, Dis | posed of, or | Beneficially | Owned | |
| 1.Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Year) | | , if (| Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Benefi Report | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | | Ownership Form: | Beneficial | | |
| | | | | (Month/ | Day/Ye | ear) | Code | V | Amoun | (A) or t (D) | Price | | or (I) | | Direct (D) or Indirect (I) (Instr. 4) | Ownership (Instr. 4) |
| MTH Common Stock | | 04/30/2021 | | | | S | | 6,700 | D | \$ 105.8 | 5 8,937 <u>(1)</u> | | | D | | |
| MTH COMMON STCOK | | | | | | | | | | | 11,04 | | | D | | |
| Kellillidel. | Report on a s | separate fine i | Table II - | | ve Secu | rities | s Acqui | Per cor the | sons wi tained i form di Disposed | no responding this for this for the splays and the splays are so that the splays are spl | orm ai a curre eneficia | re not rec ently vali ally Owne | ection of inf juired to red d OMB con | spond unle | ss | 1474 (9-02) |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | 3A. Deemed Execution Da any | 4. Transaction Code Year) (Instr. 8) | | 5. Non Of Of Of See Add (A Di of (In | 5. Number | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. An Un Sec | Amour | Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Ownersh Form of Derivati Security Direct (I or Indire | Ownersh (Instr. 4) |
| | | | | C | ode | V (A | A) (D | | te ercisable | Expirati Date | Tit | or Number of Shares | | | | |

Reporting Owners

| P. (1. 0. N. / | Relationships | | | | | | | |
|---|---------------|--------------|--------------------------|-------|--|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | | |
| Feliciano Javier 8800 E. RAINTREE DRIVE SUITE 300 SCOTTSDALE, AZ 85260 | | | EVP Chief People Officer | | | | | |

Signatures

| /s/ Alison Sasser, attorney-in-fact for Javier Feliciano | 04/30/2021 |
|--|------------|
| **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) Balance reflects all other holdings, including restricted stock units that have previously vested.
- (2) Balance represents restricted stock units 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.