## FORM 4

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

OMB APPRO	OVAL
OMB Number:	3235-0287
Estimated average b	urden
hours por rosponso	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

	e Responses	,													
1. Name and Address of Reporting Person* BURKE RICHARD T				2. Issuer Name and Ticker or Trading Symbol MERITAGE CORP [MTH]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director10% Owner				
(Last) (First) (Middle) 8501 E PRINCESS DRIVE, SUITE 290			3. Date of Earliest Transaction (Month/Day/Year) 09/08/2004							Officer (give	title below)	Otho	r (specify belo	w)	
(Street) SCOTTSDALE, AZ 85255			4. If Amendment, Date Original Filed(Month/Day/Year)						_X_ F	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)			1	able	I - Non-Deriva	ative Securities	s Acquired,	Disposed	of, or Bene	ficially Owne	d	
1.Title of Se (Instr. 3)	1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Year			2A. Deemed Execution Date, i r) any (Month/Day/Year		Date, if	Code (Inst	(A) (In	Securities Acqu ) or Disposed o str. 3, 4 and 5)  (A) or (D)	f (D) Own Trans	Owned Following R Transaction(s) (Instr. 3 and 4)				7. Nature of Indirect Beneficial Ownership (Instr. 4)
Reminder: R	Leport on a se	eparate line for each	class of securities b	eneficial	ly ov	wned dir	ectly	Persons in this fo	who respond orm are not re tly valid OMB	equired to	respond				1474 (9-02)
			Table II -					quired, Dispos			ed				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac Code	ts, ca	5. Num	rrant aber tive ies ed	quired, Dispos s, options, con 6. Date Exerci Expiration Dat (Month/Day/Y	vertible securi sable and te		l Amount ing		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owners Form of Derivati Security Direct (I or Indire	Ownersh (Instr. 4)
Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	4. Transac Code	ts, ca	5. Num of Derivat Securit Acquir (A) or Dispose of (D) (Instr. 3	rrant aber tive ies ed	6. Date Exerci Expiration Date	vertible securi sable and te	7. Title and of Underly Securities	l Amount ing	Derivative Security	Derivative Securities Beneficially Owned Following Reported Transaction	Owners Form of Derivati Security Direct (I or Indirects)	nip of Indire Benefici Ownersh (Instr. 4)
Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	(e.g., pui 4. Transac Code (Instr. 8	ttion ()	5. Num of Derivat Securit Acquin (A) or Dispose of (D) (Instr. 3 and 5)	tive ies ed ed 3, 4,	S, options, con  6. Date Exerci Expiration Dat (Month/Day/Y)  Date Exercisable	vertible securi sable and te 'ear)	7. Title and of Underly Securities (Instr. 3 an	Amount or Number of Shares	Derivative Security	Derivative Securities Beneficially Owned Following Reported Transaction	Owners Form of Derivati Security Direct (I or Indirects)	nip of Indire Benefici Ownersh (Instr. 4)

### **Reporting Owners**

D 4 0 V /	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
BURKE RICHARD T 8501 E PRINCESS DRIVE SUITE 290 SCOTTSDALE, AZ 85255	X					

## **Signatures**

/s/ Richard T. Burke	09/09/2004
**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).

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.