Sferruzza Hilla Form 4 June 01, 2011

## FORM 4

Form 5

1(b).

(Last)

obligations

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

**SECURITIES** 

Check this box

if no longer STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF subject to Section 16. Form 4 or

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction

**OMB APPROVAL** 

**OMB** 3235-0287 Number:

January 31, Expires: 2005

Estimated average burden hours per response... 0.5

(Print or Type Responses)

1. Name and Address of Reporting Person \* Sferruzza Hilla

(First)

17851 N. 85TH STREET, STE 300

(Ctata)

2. Issuer Name and Ticker or Trading Symbol

5. Relationship of Reporting Person(s) to

Issuer

Meritage Homes CORP [MTH]

(Middle)

(7:m)

(Month/Day/Year)

3. Date of Earliest Transaction

05/27/2011

(Check all applicable)

Director 10% Owner Other (specify \_X\_\_ Officer (give title below)

Chief Accounting Officer

(Street) 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

#### SCOTTSDALE, AZ 85255

(City)	(State) (Zi	Table	I - Non-De	rivative S	ecurit	ies Acqui	red, Disposed of	, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	(Instr. 3,	ispose 4 and (A) or	d of (D) 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
MTH			Code V	Amount	(D)	Price	(		
COMMON STOCK	05/27/2011		M	1,400	A	\$ 15.98	2,040	D	
MTH COMMON STOCK	05/27/2011		S	1,400	D	\$ 24.5	640	D	
MTH COMMON STOCK	05/31/2011		M	3,000	A	\$ 14	3,640	D	
MTH COMMON	05/31/2011		S	3,000	D	\$ 25	640	D	

**STOCK** 

**MTH** 

**COMMON**  $10,000 \frac{(1)}{}$ D **STOCK** 

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. Number on Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amou or Numb of Shares
MTH COMMON STOCK	\$ 15.98	05/27/2011		M		700	12/11/2009	12/11/2014	MTH COMMON STOCK	700
MTH COMMON STOCK	\$ 15.98	05/27/2011		M		700	12/11/2010	12/11/2014	MTH COMMON STOCK	700
MTH COMMON STOCK	\$ 14	05/31/2011		M		1,500	02/05/2010	02/05/2016	MTH COMMON STOCK	1,50
MTH COMMON STOCK	\$ 14	05/31/2011		M		1,500	02/05/2011	02/05/2016	MTH COMMON STOCK	1,50

# **Reporting Owners**

Relationships Reporting Owner Name / Address

> 10% Owner Officer Other Director

Sferruzza Hilla **Chief Accounting Officer** 

17851 N. 85TH STREET

**STE 300** 

Reporting Owners 2

#### SCOTTSDALE, AZ 85255

## **Signatures**

/s/ Hilla Sferruzza 06/01/2011

\*\*Signature of Date
Reporting Person

# **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 represents restricted stock 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.

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