## Form **8937**(December 2017) Department of the Treasury Internal Revenue Service

## Report of Organizational Actions Affecting Basis of Securities

► See separate instructions.

OMB No. 1545-0123

Reporting Issuer				
1 Issuer's name	2 Issuer's employer identification number (EIN)			
The Options Clearing Corporation		36-2756407		
3 Name of contact for additional info	ormation 4 Te	elephone No. of contact	5 Email address of contact	
Thomas Crider		312.322.6200	Form 2007 @thomas assu	
6 Number and street (or P.O. box if mail is not del			Form8937@theocc.com 7 City, town, or post office, state, and ZIP code of contact	
			, , , , , , , , , , , , , , , , , , , ,	
125 S. Franklin Street Suite 1200	1		Chicago, IL 60606	
8 Date of action	9	Classification and description		
January 3, 2025	0	ptions on shares of Meritage Home	s Corneration	
	l number(s)	12 Ticker symbol	13 Account number(s)	
	All series	мтн		
Part II Organizational Acti	on Attach add	ditional statements if needed. See	back of form for additional questions.	
14 Describe the organizational actio	n and, if applical	ble, the date of the action or the date	against which shareholders' ownership is measured for	
Each outstanding	options contra	ct on shares of Meritage Homes Co	prporation (MTH) is replaced by 2	
contracts to reflect a 2 for 1 share sp	iii. Effective da	te is January 3, 2025.		
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			The second secon	
Describe the quantitative effect o share or as a percentage of old b	f the organizatio asis ► <u>50% of tl</u>	nal action on the basis of the security he basis in each existing contract is	r in the hands of a U.S. taxpayer as an adjustment per s allocated to each of the 2 replacement contracts.	
		nd the data that supports the calculati	on, such as the market values of securities and the ss the replacement contracts.	
			The state of the s	

Pai	rt II 📗	0	rganizational Action (contin	nued)			
17			pplicable Internal Revenue Code s	ection(s) and subsection(s) upo	n which the tax tre	atment is based ▶	Section 1012 (a)
						THE T T 1 ST	
•							
18	Can	anvi	resulting loss be recognized? ► N	lo.			
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					•		
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				COMMETT III			
						•	<del>.</del>
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19	Prov	/ide a	any other information necessary to	implement the adjustment, suc	n as the reportable	e tax year ►	
	ī	Inder	penalties of perjury, I declare that I have	ve examined this return, including a	ccompanying sched	ules and statements,	and to the best of my knowledge and
		elief,	it is true, correct, and complete. Declara	ation of preparer (other than officer)	is based on all inforn	nation of which prepa	rer has any knowledge.
Sig	n		A A	• 1		1.7	/
Her	e s	Sionat	ure Meurs Co	iel_		Date ► // Å	12025
		<b>.</b>					<del>, -</del>
	P	rint v	our name ► Thomas Crider			Title► Executive	Director
D-:			Print/Type preparer's name	Preparer's signature		Date	Check if PTIN
Pai							self-employed
	par		Firm's name ▶	J			Firm's EIN ▶
US	e On	11 Y P	Firm's address ▶				Phone no.
Sen	d Forn		37 (including accompanying statem	nents) to: Department of the Tre	asury, Internal Rev	renue Service. Ogr	
	~ · VIII		accompanying ciaton		,		,