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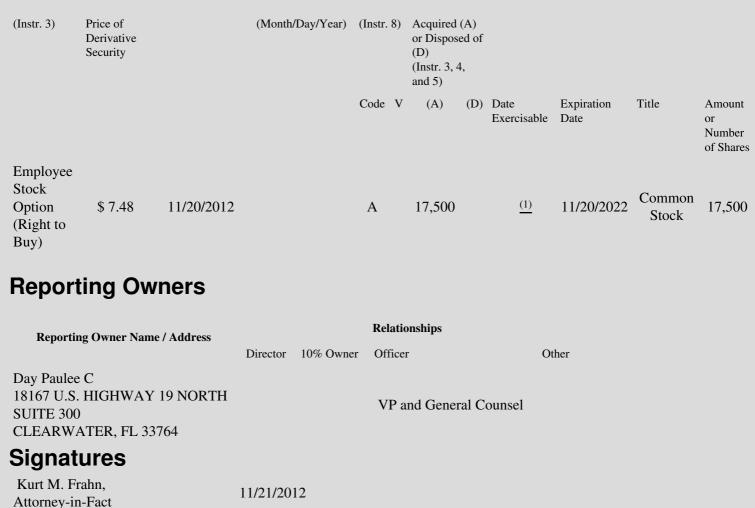
Form 4											
November 21, 20	12										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									OMB APPROVAL		
	UNITED		RITIES A	N OMB Number:	3235-0287						
Check this box if no longer								Expires:	January 31, 2005		
subject to Section 16. Form 4 or Form 5	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 193							Estimated burden hou response	Estimated average burden hours per response 0.5		
obligations may continue. See Instruction 1(b).	-	(a) of the F	Public U	Itility Hol	ding Cor		of 1935 or Secti				
(Print or Type Respon	nses)										
1. Name and Address of Reporting Person <u>*</u> Day Paulee C			2. Issuer Name and Ticker or Trading Symbol MARINEMAX INC [HZO]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) (First) (Middle)	3. Date of	of Earliest T	ransaction		(Ch	eck all applicabl	e)		
18167 U.S. HIGHWAY 19 NORTH, SUITE 300			(Month/Day/Year) 11/20/2012				Director 10% Owner X Officer (give title Other (specify below) below) VP and General Counsel				
(Street)			4. If Amendment, Date Original			1	6. Individual or Joint/Group Filing(Check				
CLEARWATER	, FL 33764			onth/Day/Yea	-		Applicable Line) _X_ Form filed by		erson		
(City)	Stata)	(7in)									
(City) (State)	(Zip)	Tab	ole I - Non-I	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned		
	h/Day/Year) 2A. Deem h/Day/Year) Execution any (Month/D		Date, if Transactio Code		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A)		5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code V	Amount	or (D) Price	(Instr. 3 and 4)				
Reminder: Report on	a separate line	e for each cla	ass of sec	urities benef	ficially own	ned directly	or indirectly.				
					inforn requir	nation cont ed to response lys a curre	spond to the colle tained in this forn ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)		

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

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**Signature of 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) 1/36 of the options vest and become exercisable on a monthly basis for a three-year period beginning on the grant date.

Date

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.