SEC Form 4	
------------	--

FORM 4

Check this box if no longer subject to

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OMB APPROVAL

OMB Number:	3235-0287
Estimated average bur	den
hours per response:	0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 193	34

Section obligat	ions may conti tion 1(b).	Form 5	•	File					a) of the Se Investmen					4			ated av	erage burder ponse:	0.5	
1. Name and Address of Reporting Person* Allen Analisa M					2. Issuer Name and Ticker or Trading Symbol <u>MGIC INVESTMENT CORP</u> [MTG]									(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) (First) (Middle) C/O MGIC INVESTMENT CORPORATION						3. Date of Earliest Transaction (Month/Day/Year) 05/27/2021									Officer (below)	give title		Other (s below)	pecify	
250 EAST KILBOURN AVENUE						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)	UKEE W	/I	53202													•		rting Persor One Repor		
(City)	(5	State)	(Zip)																	
		Та	ble I - Non	n-Deriv	ativ	ve Se	ecurities	s Ac	quired,	Dis	posed c	of, o	r Bene	eficially	v Owned					
1. Title of Security (Instr. 3) 2. Transa Date (Month/L						Execution Date,			e, Transaction Dispose Code (Instr.		rities Acquired (A) ed Of (D) (Instr. 3, 4			Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount		(A) or (D)	Price	Reported Transactio (Instr. 3 ar	ion(s)			(Instr. 4)	
	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)	e Execution Date		Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			of S Und Deri	itle and A Securities Ierlying ivative Se itr. 3 and 4	ecurity	8. Price of Derivative Security (Instr. 5)	9. Numbe derivativ Securitie Beneficia Owned Followin Reported Transact	re es ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				c	ode	v	(A)	(D)	Date Exercisab		Expiration Date	Title	0 N	mount r umber f Shares		(Instr. 4)	.ion(s)			

Explanation of Responses:

(2)

1. The reporting person participates in the MGIC Investment Corporation Deferred Compensation Plan for Non-Employee Directors under which units corresponding to shares of Common Stock of the Issuer ("Share Units") are awarded to the reporting person and/or acquired through compensation deferral.

(4)

(5)

Commo

Stock

2. These Share Units do not have a specified dollar-denominated exercise or conversion price. Their value is based, on a one-for-one basis, on the price of the Issuer's common stock on the New York Stock Exchange

3. These Share Units were acquired through phantom dividend reinvestment and no price was paid by the reporting person for the Share Units.

А

50.1422

4. These Share Units are settled in cash, on a specified date, unless a qualified election for later distribution is made by the reporting person.

5. These Share Units do not expire on a fixed date. They will be settled in cash at the time the underlying units are settled.

Remarks:

Share

Units⁽¹⁾

Martha F. Tsuchihashi,

Attorney-in-Fact

05/28/2021

12,101.0821

D

** Signature of Reporting Person

50.1422

(3)

Date

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

* If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

05/27/2021

** 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.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.