FORM 4

Check this box if no longer subject to

Section 16. Form 4 or Form 5

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Nashington	D.C.	20549	

	Washington, D.C. 20549	
<b>STATEMENT</b>	OF CHANGES IN BENEFICIAL	<b>OWNERSHIP</b>

Filed pursuant to Section 16(a	a) of the Securities	Exchange Act	of 1934

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

obligations may continue. See Instruction 1(b).  Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940									34		hours	per resp	oonse:	0.5			
1. Name and Address of Reporting Person*  Poliner Gary A.					2. Issuer Name and Ticker or Trading Symbol  MGIC INVESTMENT CORP [ MTG ]							(Chec	Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Own				
(Last) (First) (Middle) C/O MGIC INVESTMENT CORPORATION					3. Date of Earliest Transaction (Month/Day/Year) 08/28/2020								Officer (g below)	ive title		Other (s below)	pecify
250 EAST KILBOURN AVENUE				_ [	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Ind Line)	6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) MILWAU	JKEE V	WI	53202									X		,	•	ting Person One Report	- 1
(City)	(	State)	(Zip)														
		Т	able I - Non-D	erivat	tive S	ecuritie	s Ac	quired, D	isposed	of, o	or Ben	eficially	Owned				
1. Title of Security (Instr. 3)  2. Trans Date (Month/			e	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.			4 and 5) Securities Beneficially Owned Follo		Form: Direction (D) or Indirection		Indirect Beneficial Ownership				
							Code	Amou	nt	(A) or (D)	Price	Reported Transaction (Instr. 3 and				(Instr. 4)	
			Table II - Der (e.g					uired, Dis s, options					wned				
Derivative Conversion Security or Exercise (Month/Day/Year) Execution Date, If any			nsaction Derivative E		Expiration D	6. Date Exercisable and Expiration Date (Month/Day/Year)  7. Title and Amo Securities Under Derivative Securities (Instr. 3 and 4)			nderlying ecurity	Derivative Security (Instr. 5)	9. Numb derivativ Securitie Benefici Owned Followir Reporte	ve es ally ng d	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
		Date Expiration N				mount or lumber of hares	or   (I		tion(s)								

## **Explanation of Responses:**

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.

845.4126

(4)

Stock

(5)

- 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.

- 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.

Share

Units<sup>(1)</sup>

This Form 4 is being signed by the reporting person's attorney-in-fact pursuant to a previously filed power of attorney.

Martha F. Tsuchihashi, 08/31/2020 Attorney-in-Fact

\*\* Signature of Reporting Person

845.4126

(3)

129,207.255

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).

08/28/2020

\*\* 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.