FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number:	3235-0287
Estimated average burde	n
hours per response:	0.5

11. Nature

of Indirect Beneficial

Ownership

(Instr. 4)

Instruction 1(b).				ant to Section 16(a) of the Invite					Ļ			1	
1. Name and Address of Reporting Person* CARR CASSANDRA C				2. Issuer Name and Ticker or Trading Symbol MGIC INVESTMENT CORP [ MTG ]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
CARR CASS	ANDRA C								X	Director	10% C	-	
(Last) C/O MGIC INVI	(First) ESTMENT CORI	(Middle) PORATION		3. Date of Earliest Transaction (Month/Day/Year) 11/25/2019						Officer (give title below)	Other below)	(specify	
250 EAST KILBOURN AVENUE			4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)					6. Indiv Line)	6. Individual or Joint/Group Filing (Check Applicable Line)			
(Street)									X	Form filed by One	Reporting Perso	on	
MILWAUKEE	WI	53202								Form filed by More than One Reporting Person			
(City)	(State)	(Zip)											
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned													
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	r) 2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)					5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
					Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)	

#### Common Stock 5,000 D Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) 5. Number of 6. Date Exercisable and 7. Title and Amount of 9. Number of 1. Title of 2 3. Transaction 3A. Deemed 8. Price of 10. Derivative Security (Instr. 3) Transaction Securities Underlying Derivative Security Conversion Execution Date Derivative Securities Expiration Date (Month/Day/Year) Derivative derivative Securities Ownership (Month/Day/Year) if any (Month/Day/Year) Code (Instr. or Exercise Security Form: Price of Derivative Security Acquired (A) or Disposed of (D) (Instr. 3, 8) (Instr. 3 and 4) (Instr. 5) Beneficially Direct (D) Owned Following or Indirect (I) (Instr. 4) Reported Transaction(s) (Instr. 4) 4 and 5) Amount or Date Exercisable Expiration Date Number of Shares Code v (A) (D) Title

### 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)

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.)

135.3334

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

A

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<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, Attorney-in-Fact

135.3334

Commor

Stock

(5)

\*\* Signature of Reporting Person

11/25/2019

Date

(3)

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).

11/25/2019

\*\* 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.

31,871.0115

D