FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
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Check this box if no longer subject to Section 16. Form 4 or Form 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

	d Address of Gary A.	Reporting Person*				r Name an C INVE					TG]			ck all applica Director	ible)	g Perso	10% Ow	ner
	IC INVES	irst) ΓΜΕΝΤ CORPC	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 09/30/2016						below)	give title		Other (s below)	ресіту			
250 EAST KILBOURN AVENUE			İ	4. If Amendment, Date of Original Filed (Month/Day/Year) 10/04/2016					6. Ind Line)	6. Individual or Joint/Group Filing (Check Applicable Line)								
(Street) MILWAU	JKEE V	/I	53202										X		,	•	rting Person One Report	ing
(City)	(5	State)	(Zip)															
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
Date			2. Transac Date (Month/Da	Execution Date		r, Transaction Disp			urities Acquired (A) sed Of (D) (Instr. 3, 4			5. Amount Securities Beneficial Owned Fo Reported	For Ily (D) (I) (I) (I) (I) (I) (I) (I)		Direct I Indirect E str. 4)	7. Nature of ndirect Beneficial Ownership		
				Code V Amount (A) or (D) Pr			Price	Transaction(s) (Instr. 3 and 4)				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)	3A. Deemed Execution Date, if any (Month/Day/Year	Code (Instr.				6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amor of Securities Underlying Deriv Security (Instr. 3 4)		rivative	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Cod	e V	(A)		Date Exercisable		xpiration ate	Title	Nu	ount or mber of ares		(Instr. 4)			
Share Units ⁽¹⁾⁽²⁾	(3)(4)	09/30/2016		A		6,781.25		02/01/201	7	(6)	Commor Stock	6,7	781.25	(5)	79,642.	3164	D	

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.
- 2. This amended Form 4 is being filed to correct the total number of Share Units beneficially owned by the reporting person following this transaction.
- 3. These Share Units do not have a specified dollar-denominated exercise or conversion price. (Their value is based, on as one-for-one basis, on the price of the Issuer's common stock on the New York Stock Exchange.)
- 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 were awarded to the reporting person pursuant to the Issuer's Deferred Compensation Plan for Non-Employee Directors and no price was paid by the reporting person for the Share Units.
- 6. These shares do not expire on a fixed date.

Remarks:

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

Dan D. Stilwell, Attorney-in-

10/05/2016

fact

** Signature of Reporting Person

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).
- ** 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.