Instruction 1(b).

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

1. Name and Address of Reporting Person [*] Poliner Gary A.					2. Issuer Name and Ticker or Trading Symbol MGIC INVESTMENT CORP [MTG]									tionship of F all applicab	i(s) to Issue	er		
													X	Director			10% Ov	vner
		(-)	0.01.0.2										_	Officer (g below)	ive title		Other (: below)	specify
(Last) (First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year)									below)			below)		
C/O MGIC INVESTMENT CORPORATION					01/25/2021													
250 EAS	ST KILBOU	JRN AVENUE																
(Street)					4. If A	mendment, [Date o	f Original Fi	ed (N	1onth/Day	/Year)			vidual or Joir	•	0.		icable Line)
MILWAUKEE WI 53202														X Form filed by One Reporting Person Form filed by More than One Reporting Person				
														Form filed	d by More	e than C	one Report	ing Person
(City)	(State)	(Zip)															
			Table I - Non	Deriv	ative	Securitie	es Ac	quired,	Disp	osed o	of, or I	Benef	icially O	wned				
Date				saction /Day/Year) 2A. Deemed Execution D if any (Month/Day/		on Date	Code (I		on Disposed Of (D)		ies Acquired (A) or Of (D) (Instr. 3, 4 and 5)		5. Amount of Securities		Form:	Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
						(Month/L	Day/Yea	ar) 8)						Beneficially Following F	Reported	(D) or (I) (Ins		Ownership
						(Month/L	Day/Yea	ar) 8) Code	v	Amount	((A) or (D)	Price		Reported n(s)			
			Table II - D				Acq	Code	v spo	sed of,	, or B	(D) enefic	ially Ow	Following F Transactior (Instr. 3 and	Reported n(s)			Ownership
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)			uts, c	Gecurities	of	Code	V SPO S, CO cisab	sed of, onvertil	or Boble Se 7. Title Securi Deriva	(D) enefic ecuriti	cially Ow ies) nount of derlying curity	Following F Transactior (Instr. 3 and	Reported n(s)	(I) (Ins per of ve es ially ng ed		Ownership (Instr. 4) 11. Nature of Indirect Beneficial Ownershi t (Instr. 4)

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.

02/15/2022⁽⁴⁾

Com

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 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.

4. These Share Units awarded on this transaction date are settled in cash ten business days after February 1, 2022 unless a qualified election for a later distribution was made by the reporting person.

7,987.2204

5. These Share Units do not expire on a fixed date. They are settled in cash on a specified date, unless a qualified election for later distribution is made by the reporting person.

Remarks:

Share

Units⁽¹⁾

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, Attorneyin-Fact 01/26/2021

** Signature of Reporting Person Date

7,987.2204

(3)

140.302.337

D

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).

01/25/2021

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

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.