FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	D.C.	20549	

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPRO	/AL
OMB Number:	3235-0287
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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

	nd Address of ER CURT	Reporting Person*				er Name an C INVE					G]			tionship of R all applicabl Director	e)	Person	(s) to Issue 10% Ow Other (s	ner
	IC INVEST	First) FMENT CORPC IRN AVENUE	(Middle) PRATION	٠	3. Date of Earliest Transaction (Month/Day/Year) 01/25/2021							Officer (give title Other below) below				Jecny		
(Street) MILWAU	UKEE V	VI	53202		4. If An	nendment, [Date of	Original Fil	ed (N	/lonth/Day	r/Year)	6.	Indiv X	ridual or Join Form filed Form filed	by One	Reporti		´
(City)	(:	State)	(Zip)															
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
Date			2A. Deemed Execution Date if any (Month/Day/Yea		n Date,	e, Transaction Code (Instr.		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 a					Owned eported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
							Code	v	Amount	(A) or (D) Pr			(Instr. 3 and 4)				,msu. 4)	
Common Stock												11,504			D			
Common Stock											981,755				By a Trust			
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)	Derivative Conversion Date Execution Date, Code Security or Exercise (Month/Day/Year) if any Code		Transa Code (5. Number of Derivative Securities Acquired (A) Disposed of ((Instr. 3, 4 and 5)		ative rities (Month/Day/Year) ired (A) or osed of (D)			nd 7. Title and Amou Securities Underly Derivative Securit (Instr. 3 and 4)			lying Derivative		per of ve es ially ng d tion(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code	v	(A)		Date Exercisable		xpiration ate	Title	Amount of Number of Shares			(Instr. 4)			
Share Units ⁽¹⁾	(2)	01/25/2021		A		7,987.2204		02/15/2022 ⁽⁴	1)	(5)	(5) Common Stock 7,98		204	(3)	15,475.3647		D	
Explanation	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. 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.
- 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.

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-01/26/2021 in-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.