FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

<b>STATEMENT</b>	<b>OF CHANGES</b>	IN BENEFICIAL	<b>OWNERSHIP</b>

l	OMB APPROVAL								
	OMB Number:	3235-0287							
	Estimated average bu	ırden							
l	hours per response:	0.5							

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

1. Name and Address of Reporting Person* <u>Hughes James J.</u>					2. Issuer Name and Ticker or Trading Symbol  MGIC INVESTMENT CORP [ MTG ]									(Che	elationship o ck all applic Director	able)	g Pers	10% Ov	vner	
	IC INVEST	irst) TMENT CORPC JRN AVENUE	(Middle)		01/	3. Date of Earliest Transaction (Month/Day/Year) 01/02/2020									Officer (give title Other (specify below)  Executive VP-Sales & Bus. Dev					
(Street)  MILWAUKEE WI 53202  (City) (State) (Zip)				_   4. li	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	. Individual or Joint/Group Filing (Check Applicable ine)  X Form filed by One Reporting Person  Form filed by More than One Reporting Person						
(City)	(0			Doriv	/ativ	0.50	curi	tios Ac	aui	irod [	)ier	nosod o	of or F	Ronc	oficially	Owned				
Table I - Non-Deriv  1. Title of Security (Instr. 3)  2. Trans Date (Month/I			saction			3. 4. Securiti Transaction Code (Instr. 5)		ties Acq	uired	(A) or	5. Amoun Securities Beneficia Owned Fo	lly	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership					
								7	Code	v	Amount	Amount (A) or (D)		Price	Transacti	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Common Stock											$\top$			368,700		D				
Common Stock														122,519			I :	In a Family 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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Yea	ite, Tr	Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisal Expiration Date (Month/Day/Year			of Securities		ecurity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securitie Beneficia Owned Following Reported	ve Ores For ally or or d	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				С	ode	v	(A)	(D)	Date Exe	e ercisable		xpiration ate	Title	O N	mount r lumber f Shares	ber		(6)110		
Common Stock	(1)	01/02/2020			I		674.229			(2)		(3)	Commo		510.416	\$12.92 0.00		)	I	By Issuers Proft Sharing & Savings

## **Explanation of Responses:**

- 1. The conversion price varied with the price of the Issuer's common stock. At any given time, the conversion price was based on the closing price of the Issuer's common stock on the New York Stock Exchange on the previous trading day.
- 2. These derivative securities were exercisable at any time.
- 3. These derivative securities did not have any expiration date.
- 4. This transaction reflects the reallocation of shares held in the reporting person's Profit Sharing & Savings Plan. The price reported reflects the amount per derivative share credited to the reporting person's Profit Sharing & Savings Plan with respect to the derivative shares reallocated.

## Remarks:

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

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.