FORM 4

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

Washington, D.C. 20549

STATEMENT	OF CHANGES	S IN BENEFICIAL	OWNERSHI

	OMB APPROVAL								
	OMB Number:	3235-0287							
	Estimated average burden								
- 1	hours por rosponso:	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

Name and Address of Reporting Person*     Kozlak Jodee A				2. Issuer Name and Ticker or Trading Symbol MGIC INVESTMENT CORP [ MTG ]							(Che	elationship o eck all applic	,	rson(s) to Issu		
(Last) 250 EAS	`	rirst) JRN AVENUE	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 02/28/2020						•	(give title	Other (s below)	·		
(Street) MILWAU (City)			53202 (Zip)	4.	. If Ame	endment, [	Date o	of Original Fi	led (	(Month/Da	ay/Year)	Line	) 【 Form fi	oint/Group Filinded by One Research	porting Persor	.
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																
1. Title of Security (Instr. 3)  2. Transa Date (Month/D			•	Execution Date,		Code (In	Transaction Disposed Of (D) (Ins			5. Amoun Securities Beneficia Owned Fo	For lly (D) ollowing (I) (	m: Direct I or Indirect I Instr. 4)	7. Nature of ndirect Beneficial Ownership Instr. 4)			
							Code	,	Amount	unt (A) or Pi		Transacti (Instr. 3 a	on(s)		msu. 4)	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																
Security or Exercise (Month/Day/Year) if any		Execution Date,		ransaction Derivative ode (Instr. Securities		re s I (A) sed str.	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amount or Number of Shares		(Instr. 4)		
Share Units <sup>(1)</sup>	(2)	02/28/2020		A		107.268		(4)		(5)	Common Stock	107.268	(3)	13,322.1944	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 and/or acquired through compensation deferral.
- 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 acquired through phantom dividend reinvestment and no price was paid by the reporting person for the Share Units.
- 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:

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 03/02/2020

\*\* 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.