FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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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* CARR CASSANDRA C						2. Issuer Name and Ticker or Trading Symbol MGIC INVESTMENT CORP [MTG]								ationship of I k all applicat	Reporting Person(s) to Issuer le)		er		
CARR CASSANDRA C													X				10% Ow	·	
	IC INVES	First) FMENT CORPC JRN AVENUE		3. Date of Earliest Transaction (Month/Day/Year) 01/27/2020									Officer (give title Other (speci below) below)				pecify		
(Street) MILWAUKEE WI 53202					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	()	State)																	
		7	Γable I - Non-Γ	Deriva	tive S	ecuritie	s Ac	quired, D	isp	osed o	f, or Be	nefi	icially (Owned					
Date					Saction 2A. Deemed Execution Date, if any (Month/Day/Year)			, Transaction Dispo			rities Acquired (A) or ed Of (D) (Instr. 3, 4 a			5. Amount Securities Beneficiall Owned Fol Reported	Form y (D) or		Direct Indirect It. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	v	Amount	(A) (D)	or	Price	Transaction(s) (Instr. 3 and 4)				ilisu. 4)	
Common	Stock													5,000			D		
			Table II - De					uired, Dis , options						wned					
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 Exerc Expiration Day!\(\)	ate		7. Title and Amor Securities Under Derivative Secur (Instr. 3 and 4)		lerlying urity	8. Price of Derivative Security (Instr. 5)	9. Numb derivativ Securitie Benefici Owned Followin Reported Transact	e Over Seally Distriction or Green (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				Code	v	(A)		Date Exercisable		xpiration ate	Title		ount or mber of ares		(Instr. 4)				
Share Units ⁽¹⁾	(2)	01/27/2020		A		7,315.289 02/		02/15/2021 ⁽⁴⁾		(5)	Common Stock	7,3	315.289	(3) 39,186.3		3005	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. 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, 2021 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.

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-01/29/2020 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.