FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington.	D.C.	20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
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OMB APPROVAL									
OMB Number: 3235-0287									
Estimated average burden									
houre per reenonee:	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

	nd Address of Jodee A	Reporting Person*				r Name an						rg]		(Chec	ationship of k all applica		Perso	,	
ICOLIGI	Jouet II													X				10% Ov	·
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year)									Officer (g	give title		Other (s below)	pecify	
250 EAS	T KILBOU	RN AVENUE			22.00/														
					4. If Am	endment, C	ate of	f Oriç	ginal File	ed (N	/lonth/Da	y/Year)			vidual or Jo	int/Group	Filing (Check App	licable
(Street)														Line)	Form file	ad by One	Donor	ting Dorcor	
MILWAU	JKEE W	7I	53202										^		Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(S	itate)	(Zip)												Felsuli				
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
Date			2. Transa Date (Month/D		2A. Deemed Execution Date, if any (Month/Day/Yea		Code (Instr.					A) or s, 4 and 5)	Securities Beneficial	5. Amount of Securities Beneficially Owned Following		Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								c	Code V	<u> </u>	Amount	(A) or (D)		Price	Transaction(s) (Instr. 3 and 4)				(111511. 4)
Common Stock											5,0	5,000		D					
	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	Code	saction e (Instr.			6. Date Exercisal Expiration Date (Month/Day/Year			Securities Und		derlying curity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transact	e es ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)	
				Code	e V	(A)	(D)	Date Exer	e ercisable	Ex Da	piration ate	Title	Nu	nount or mber of ares		(Instr. 4)	.511(5)		
Share Units ⁽¹⁾	(2)	03/03/2021		A		103.2728	28		(4)		(5)	Comm Stock		3.2728	(3)	21,807.753		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, 03/04/2021 Attorney-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.