FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Machinaton	$D \subset$	20540
Washington,	D.C.	20549

STATEMENT	OF CHANGE	S IN BENEFICIAL	OWNERSHIP

OMB APPROVAL							
OMB Number:	3235-0287						
Estimated average burden							
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

1. Name and Address of Reporting Person* Poliner Gary A.					2. Issuer Name and Ticker or Trading Symbol MGIC INVESTMENT CORP [MTG]								ationship of k all applical Director) Perso	n(s) to Issue 10% Ow		
(Last) (First) (Middle) C/O MGIC INVESTMENT CORPORATION 250 EAST KILBOURN AVENUE					3. Date of Earliest Transaction (Month/Day/Year) 11/23/2021							Officer (g below)	give title		Other (s below)	pecify		
(Street)	JKEE W	7I	53202		4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Indi Line) X	lividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
1. Title of Security (Instr. 3) 2. Trans: Date (Month/I			2. Transac Date (Month/Da	Execution Date, Transaction Disposed Of (D) (Ir		or Pr	or and 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		Form: Direct II (D) or Indirect E (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)						
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	4. Trans Code	nsaction le (Instr. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Options, converti 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Exercisable Expiration Exercisable		7. Title and Amor Securities Under Derivative Securi (Instr. 3 and 4)		unt of lying ity	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
Share Units ⁽¹⁾	(2)	11/23/2021		A		719.4126	, ,	(4)		(5)	Commor Stock	_	4126	(3)	136,688.	297 ⁽⁶⁾	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.
- $6. \ The \ balance \ reflected \ in \ Box \ 9 \ should \ be \ 136,688.2972. \ The \ final \ digit \ was \ omitted \ by \ the \ filing \ software \ due \ to \ character \ limits$

Martha F. Tsuchihashi, 11/23/2021 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.