FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Ш	OMB APPROVAL											
	OMB Number:	3235-0287										
	Estimated average bu	rden										

0.5

hours per response:

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(h)

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

1. Name and Address of Reporting Persons' Sperber Julie X.  (Last)   First   (Middle)   (Middle)   (Middle)   (Middle)   (Middle)   (C)O MGIC INVESTMENT CORP [ MTG ]   (Month/Day/Year)   (Street)   (Street)   (Street)   (Street)   (Month/Day/Year)   (Street)   (Street)   (Month/Day/Year)   (Street)   (Month/Day/Year)   (Street)   (Month/Day/Year)   (Street)   (Month/Day/Year)   (Street)   (Month/Day/Year)   (							JC011	011 00(11)	Or tille ii	TV COUTTO		прапу Асс	01 10-1								
(Last) (First) (Middle) (C/O MGIC INVESTMENT CORPORATION 250 EAST KILBOURN AVENUE    Street    MILWAUKEE   WI   53202     (Month/Day/Year)   (State)   (Zip)   (State)   (Zip)   (Month/Day/Year)   (Month/	' "																				
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City   State   City   State   City						4. If	4. If Amendment, Date of Original Filed (Month/Dav/Year)									6. Individual or Joint/Group Filing (Check Applicable					
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Explanation of Responses:

## 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 03/05/2020

\*\* 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.