FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington	D	C	20549	

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL									
OMB Number: 3235-0287									
Estimated average burden									
houre per recognoses:	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* <u>Kozlak Jodee A</u>					2. Issuer Name and Ticker or Trading Symbol MGIC INVESTMENT CORP [MTG]							ationship of k all applica Director		Perso	n(s) to Issue			
(Last) 250 EAS	,	irst) IRN AVENUE	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 08/28/2020							Officer (g below)	give title		Other (s below)	pecify		
(Street) MILWA		/I	53202 (Zip)		4. If Am	endment, C	oate of	Original F	iled (Month/Da	y/Year)		6. Indi Line) X		ed by One	Repor	Check Appl ting Person One Report	
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
Date		2. Transac Date (Month/Da	Execution Date,		Code (Instr.				Form		Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership						
							Code	v	Amount (A		or P	rice	Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock							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 (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisa Expiration Date (Month/Day/Yea			7. Title and Amo Securities Under Derivative Secur (Instr. 3 and 4)		rlying	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securitie Beneficia Owned Following Reported Transacti	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)		Date Exercisabl		xpiration ate	Title		unt or ber of es		(Instr. 4)			
Share Units ⁽¹⁾	(2)	08/28/2020		A		112.7278		(4)		(5)	Common Stock	112.	7278	(3)	17,228.6	6054	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, 08/31/2020 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.