FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
-------------	------	-------

OMB APPROVAL										
OMB Number:	3235-0287									
Estimated average burden										
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* Sculley Sheryl L.				2. Issuer Name and Ticker or Trading Symbol MGIC INVESTMENT CORP [MTG]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
<u>Scurrey</u>	<u>Siletyi i</u>	<u> </u>											X		give title		10% Ov Other (s	1
(Last) (First) (Middle) 250 EAST KILBOURN AVENUE					3. Date of Earliest Transaction (Month/Day/Year) 08/26/2021								below)	.9		below)		
(Street)				4	l. If Am	endment, [Date of	Original F	iled	(Month/Da	ay/Year)		6. Ind Line)	ividual or Jo Form fil	•		(Check Apporting Person	
MILWAU	JKEE W	VI ————————————————————————————————————	53202										Form filed by More than One Reporting Person					
(City)	(5	State)	(Zip)															
		Та	ble I - Non-I	Derivati	ive S	ecurities	s Acq	juired, I	Disp	osed c	of, or Be	enefic	ially	Owned				
Date			Transacti ate Ionth/Day	Execution Date,		Code (Instr.			and 5) Securities Beneficia Owned Fe		Formula (D) (I) (I) (II)	Form: (D) or	rm: Direct or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership				
								Code	v	Amount	(A) (D)	or Pri	ice		orted nsaction(s) tr. 3 and 4)			(Instr. 4)
			Table II - De	erivativ .g., put	e Sed s, cal	urities Is, warr	Acqu ants,	ired, Di option	ispo s, c	sed of onverti	, or Ben ble sec	eficia urities	ılly O s)	wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Date, if any (Month/Day/Year)	Code	action (Instr.	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				Code	v	(A)		Date Exercisable		xpiration ate	Title	Amou or Numb of Sha	er		(Instr. 4)	on(s)		
Share Units ⁽¹⁾	(2)	08/26/2021		A		91.7921		(4)		(5)	Common Stock	91.79	921	(3)	17,647.0	149	D	

- 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
- 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:

Martha F. Tsuchihashi, Attorney-in-Fact

08/27/2021

** Signature of Reporting Person

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.