FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

<b>STATEMENT</b>	<b>OF CHANGES</b>	IN BENEFICIAL	<b>OWNERSHIP</b>

	OMB APPROVAL							
	OMB Number:	3235-0287						
l	Estimated average burden							
l	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*  CHAPLIN C EDWARD  (Last) (First) (Middle)  C/O MGIC INVESTMENT CORPORATION														k all applica		Person	n(s) to Issue 10% Owi	
														Officer (give title below)			Other (sp below)	ecify
250 EAST KILBOURN AVENUE			4	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable						
(Street) MILWAU	JKEE W	/I	53202										Line)		•		ting Person One Reportii	ng
(City)	(5	State)	(Zip)															
		Ta	able I - Non-	Derivat	tive S	ecurities	s Ac	quired,	Disp	osed o	of, or Be	enefi	icially	Owned				
Date			2. Transact Date (Month/Day	Execution Dat		Date,	Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			Securities Beneficial Owned Fo		Form: (D) or	rm: Direct   I or Indirect   I (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) (D)	or	Price	Reported Transactio (Instr. 3 an			(1	nstr. 4)
Common Stock							10,000			D								
			Table II - D			curities IIs, warr								wned				
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/Year)	4. Transaction Code (Instr. r) 8)		Derivative		6. Date Exercisable Expiration Date (Month/Day/Year)			Securities Derivative	7. Title and Amou Securities Underly Derivative Securit Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisabl		xpiration ate	Title		ount or nber of res		(Instr. 4)	ion(s)		
Share	(2)	09/20/2019		A		237.8317		(4)		(5)	Common	237	7.8317	(3)	51,569.9	9067	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, Attorney-in-Fact

09/23/2019

\*\* 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.