FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

or Form 5 ttinue. See	STAT				_	ES IN BI	ENEFIC	IAL OV	VNERSHI	Ρ			rage burden	3235-0287		
of Reporting Person		Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940											OMB Number: 3235-0287 Estimated average burden hours per response: 0.5			
1. Name and Address of Reporting Person [*] CHAPLIN C EDWARD					ker or Trading MENT CC		all applicab Director	le)	10% Ov		vner					
(Last)(First)(Middle)C/O MGIC INVESTMENT CORPORATION250 EAST KILBOURN AVENUE				3. Date of Earliest Transaction (Month/Day/Year) 01/25/2021							Officer (give title Other (specify below) below)					
WI	53202		4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(State)	(Zip)															
Dat			Date		n Dat	ear) 8)	on Dispos	(A) or (D) (Instr. 3, 4 and 5) (A) or (D) Price		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		Form: Direct II (D) or Indirect II (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock					<u> </u>					10,000		D				
										ned						
3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Code (Instr. 8)		Derivative Securities Acquired (A Disposed o	A) or f (D)	Expiration Da	te	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(s)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownershi (Instr. 4)		
		Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)					
01/25/2021		A		7,987.2204		02/15/2022 ⁽⁴⁾	(5)	Common Stock	7,987.2204	(3)	59,616	.4557	D			
	m Barting Strategy (Month/Day/Year)	STMENT CORPORATION DURN AVENUE WI 53202 (State) (Zip) Table I - Non nstr. 3) Table II - I (1) Table II - I (1) SA. Deemed Execution Date, if any (Month/Day/Year)	STMENT CORPORATION DURN AVENUE WI 53202 (State) (Zip) Table I - Non-Deriv In Str. 3) 2. Transaction Date (Month/Day/Year) 3A. Deemed Execution Date, if any (Month/Day/Year) 3A. Deemed Execution Date, if any (Month/Day/Year) 01/25/2021 A	STMENT CORPORATION DURN AVENUE 4. If A WI 53202 (State) (Zip) Table I - Non-Derivative nstr. 3) 2. Transaction Date (Month/Day/Year) 3. Transaction Date (Month/Day/Year) 3. Transaction Date (Month/Day/Year) 3. Derivative Code (Instr. 8) Code (V 101/25/2021 A 10	STMENT CORPORATION DURN AVENUE WI 53202 (State) (Zip) Table I - Non-Derivative Securities Istr. 3) Code (Instr. 3) 3A. Deemed Execution Date, (Month/Day/Year) a. Transaction Date (Month/Day/Year) A. Derivative Securities (e.g., puts, calls, war (Month/Day/Year) A. Deemed (Month/Day/Year) A. 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4. These Share Units awarded on this transaction date are settled in cash ten business days after February 1, 2022 unless a qualified election for a later distribution was made by the reporting person.

5. These Share Units do not expire on a fixed date. They are settled in cash on a specified date, unless a qualified election for later distribution is made by the reporting person.

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-01/26/2021

** Signature of Reporting Person Date

in-Fact

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 \ast 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.