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							
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* JASTROW KENNETH M II				2. Issuer Name and Ticker or Trading Symbol MGIC INVESTMENT CORP [MTG]						(Chec	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner							
(Last) (First) (Middle) C/O MGIC INVESTMENT CORPORATION 250 EAST KILBOURN AVENUE			3. Date of Earliest Transaction (Month/Day/Year) 09/20/2019								Officer (g below)	give title		Other (sp below)	ecify			
(Street) MILWAI	UKEE V	VI State)	53202 (Zip)		4. If Am	endment, D	Date of	f Original	=iled (Month/Da	uy/Year)		6. Ind Line)	Form file	ed by One	Report	Check Applion	
		Ta	able I - Non	ı-Deriva	tive S	ecurities	s Ac	quired,	Dis	posed o	of, or B	enef	icially	Owned				
Date				Day/Year) 2A. Deemed Execution Date if any (Month/Day/Year)		Code (Instr. 8)			, 4 and 5)	4 and 5) Securities Beneficial Owned Fo Reported		Form:	n: Direct In or Indirect Enstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
Common Stock						Code	V	Amount	Amount (A) or P		Price	(Instr. 3 and 4)			D			
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
Derivative Conversion Da		Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Code	saction e (Instr.	Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amou Securities Underl Derivative Securi (Instr. 3 and 4)		lerlying urity	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisal		xpiration ate	Title	Nu	ount or mber of ares		Transaction(s) (Instr. 4)			
Share Units ⁽¹⁾	(2)	09/20/2019		A		179.4302		(4)		(5)	Commor Stock	17	9.4302	(3)	38,906.4	4822	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.