FORM 4

Check this box if no longer subject to

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington.	D C	20540
wasnington.	D.C.	20549

STATEMENT	OF CH	ANGES	IN BENEI	FICIAL	OWNER:	SHIP

OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-0287	
	Estimated average burden		
uant to Section 16(a) of the Securities Exchange Act of 1934	hours per response:	0.5	
dant to occition 10(a) of the occurring Exchange Act of 1994			

OMB APPROVAL

Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). Filed pursu 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]								lationship of ck all applica Director		Perso	n(s) to Issue 10% Owr	
(Last)	`	First)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 02/28/2020								Officer (below)	give title		Other (sp below)	ecify
250 EAST KILBOURN AVENUE												6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) MILWAU	JKEE V	VI	53202)2/28/2	2020						X		,		ing Person One Reportir	ng
(City)	(\$	State)	(Zip)														
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																
Date of Security (method)			ransact e onth/Day		2A. Deemed Execution Date, if any (Month/Day/Year		Transaction Disposed			ities Acquired (A) or d Of (D) (Instr. 3, 4 ar		5. Amount Securities Beneficial Owned Fo	Form ly (D) o	Form:	: Direct In r Indirect B str. 4) O	. Nature of ndirect seneficial ownership	
								Code	,	Amount	(A) or (D)	Price	Reported Transactio (Instr. 3 ar			"	nstr. 4)
			Table II - Der (e.g			curities <i>A</i> Ils, warra							wned			·	
Security or Exercise (Month/Day/Year) if any		Execution Date,		ransaction ode (Instr. Acq Disp (D) (Derivative		Expiration Date of S (Month/Day/Year) Un De		7. Title and Amour 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	e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
								(Instr. 4)	J.1(J)								
Share Units ⁽¹⁾	(2)	02/28/2020		A		184.902 ⁽³⁾		(5)		(6)	Common Stock	184.902	(4)	37,904.91	13 ⁽⁷⁾	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. This amended Form 4 is being filed to correct the number of share units that were acquired through the phantom dividend reinvestment.
- 4. These Share Units were acquired through phantom dividend reinvestment and no price was paid by the reporting person for the Share Units.
- 5. These Share Units are settled in cash, on a specified date, unless a qualified election for later distribution is made by the reporting person.
- 6. These Share Units do not expire on a fixed date. They will be settled in cash at the time the underlying units are settled.
- 7. Balance as of February 28, 2020.

Remarks:

This Form 4/A is being signed by the reporting person's attorney-in-fact pursuant to a previously filed power of attorney.

Martha F. Tsuchihashi, 06/04/2020 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.