FORM 4	UNITED STATES SECURITIES AND EXCHANGE COMMISSION							
	Washington, D.C. 20549	OMB /						
Check this box if no longer subject to	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:						

ATEMENT OF	CHANGES IN BENEFICIAL OWNERSHIP
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	ions may conti tion 1(b).	nue. See		ed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940									hours	per res	ponse:	0.5			
1. Name and Address of Reporting Person <sup>*</sup> HOLT TIMOTHY A					2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>MGIC INVESTMENT CORP</u> [ MTG ]								ck all applica Director	all applicable) Director		Person(s) to Issuer 10% Owner			
	C/O MGIC INVESTMENT CORPORATION					3. Date of Earliest Transaction (Month/Day/Year) 02/04/2022								Officer ( below)	er (give title w)		Other (sp below)	pecify	
250 EAS	T KILBOU	JRN AVENUE			4. If An	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) MILWA	UKEE V	٧I	53202		_							X					ng		
(City)	(5	State)	(Zip)																
		Ta	able I - N	lon-De	rivative S	Securities	Ace	quire	ed, D	ispose	d of, o	r Ben	eficially	Owned					
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day			Day/Year) if	Execution Date,		Transaction Dispose Code (Instr.			rities Acquired (A) or ed Of (D) (Instr. 3, 4 and 5			5. Amount of Securities Beneficially Owned Follo Reported		Form (D) or	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Code	v	Amount		(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)				insu. 4)	
Common Stock 02/04			/2022	122		Α		8,085.3	3816 <sup>(1)</sup>	Α	\$15.46	<sup>2)</sup> 28,08	5.3816	3816 D					
			Table I			curities A Ills, warra								wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	Date,	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D)	Exp	Date Exportation	Date	ble and )	Securiti			8. Price of Derivative Security (Instr. 5)	9. Number derivativ Securitie Beneficia Owned Followin Reported Transact	re es ally g	Ownership Form: Benefi Direct (D) or Indirect (I) (Instr. 4)		

Date

Exercisable

(5)

3. 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

4. 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. 5. These Share Units do not expire on a fixed date. The Share Units are settled in cash, generally within ten business days after February 1st in year after which they were awarded, unless a qualified election for later

(A) (D)

1. These Restricted Stock Units ("RSUs") will be settled in stock ten business days after February 1, 2023, unless a qualified election for a later distribution was made by the reporting person.

Expiration Date

(5)

Title

Commor

Stock

## **Remarks:**

Share

Units<sup>(3)</sup>

(4)

distribution is made by the reporting person.

Explanation of Responses:

Martha F. Tsuchihashi, Attorney-in-Fact

Amount or

Number of

86,262.9186

Shares

02/07/2022

86,262.9186

D

\*\* Signature of Reporting Person Date

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).

Units") are awarded to the reporting person and/or acquired through compensation deferral.

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Code v

2. These RSUs were awarded to the reporting person pursuant to the Issuer's 2020 Omnibus Incentive Plan and no price was paid by the reporting person for them.

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.

Section 16. Form 4 or Form 5

## **MB APPROVAL**

Estimated average burden

3235-0287