FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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OMB APPROVAL	
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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* <u>CHAPLIN C EDWARD</u>					2. Issuer Name and Ticker or Trading Symbol MGIC INVESTMENT CORP [MTG]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
					11101	<u> </u>	IVVLOII	VII	1111 0	OIL				<u> </u>	Director			10% Ow	ner
(Last) (First) (Middle) C/O MGIC INVESTMENT CORPORATION 250 EAST KILBOURN AVENUE					3. Date of Earliest Transaction (Month/Day/Year) 02/15/2019									Officer (g below)	Officer (give title below)		Other (spe below)		
(Street) MILWAUKEE WI 53202 (City) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year)							_ I _	dividual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(0.13)			Table I - Non-	Deriva	ativo '	Sec.	urities Ac	-01	uired C)ien	osed (of or	Rene	ficially	Owned				
1. Title of Security (Instr. 3) 2. Tra				. Transa			<u>,</u>	3. Transaction Code (Instr. 8)		4. Secur	ecurities Acquired (A) osed Of (D) (Instr. 3, 4		(A) or	5. Amount Securities Beneficiall Following Reported Transactio (Instr. 3 an	y Owned n(s)	6. Owr Form: (D) or (I) (Ins	Direct I Indirect E tr. 4) (. Nature of ndirect Beneficial Dwnership nstr. 4)	
Common Stock										10,0	000		D						
			Table II - De				rities Acq , warrants								wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr.				6. Date Exercisal Expiration Date (Month/Day/Year			Secu Deri		7. Title and Amour Securities Underly Derivative Securit (Instr. 3 and 4)		ing Derivative		per of ve es ially	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Da Ex	ite ercisable		piration te	Title	N N	mount or umber of hares		Transac (Instr. 4)			
Share Units ⁽¹⁾	(2)	02/15/2019 ⁽³⁾		D			6,325.1107		(4)		(4)	Comm		,325.1107	\$12.55	51,332	2.075	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
- 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. Due to an administrative error, the Company did not report the transaction on behalf of the reporting person in a timely manner.
- 4. These Share Units do not expire on a fixed date, except that the Share Units are settled in cash, generally within ten business days after February 1st in the year after which they were awarded, unless a qualified election for later distribution is made by the reporting person.

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, Attorneyin-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.