FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington.	$D \subset$	20540
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
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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* CHAPLIN C EDWARD				2. Issuer Name and Ticker or Trading Symbol MGIC INVESTMENT CORP [MTG]							k all applica Director	ble)	Perso	n(s) to Issue				
(Last) (First) (Middle) C/O MGIC INVESTMENT CORPORATION 250 EAST KILBOURN AVENUE				3. Date of Earliest Transaction (Month/Day/Year) 05/27/2021								Officer (g	give title		Other (sp below)	pecify		
(Street) MILWAU (City)	JKEE W	VI State)	53202 (Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Ind Line) X							
		Ta	able I - Nor	-Deriva	ative S	ecuritie	s Ac	quired,	Dis	posed o	of, or I	Bene	ficially	Owned				
Date				2A. Deemed Execution Da if any (Month/Day/Ye		Date,	Code (Instr		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4		A) or i, 4 and 5)	or 5. Amount Securities Beneficial Owned Fo		Form:	Direct II Indirect E str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
							Code	v	Amount	(A 1)	A) or D)	Price	Transactio	on(s)				
Common Stock														10,0	10,000		D	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year	Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amo Securities Under Derivative Secur (Instr. 3 and 4)		derlying curity	rlying Derivative		er of e es ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	e V	(A)		Date Exercisab		xpiration ate	Title	Nu	nount or mber of ares		Transaction(s) (Instr. 4)		1	
Share Units ⁽¹⁾	(2)	05/27/2021		A		217.9312		(4)		(5)	Commo		7.9312	(3)	52,594.	2759	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:

Martha F. Tsuchihashi, 05/28/2021 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.