Instruction 1(b).

FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

| Washington, D. | C. 20549 |
|----------------|----------|
|----------------|----------|

| Check this box if no longer subject | STATEMENT OF CHANGES IN BENEFICIAL | <b>OWNERSHIP</b> |
|-------------------------------------|------------------------------------|------------------|
| to Section 16. Form 4 or Form 5     |                                    |                  |
| obligations may continue. See       |                                    |                  |

| OMB APPROVAL             |     |  |  |  |  |  |  |
|--------------------------|-----|--|--|--|--|--|--|
| OMB Number: 3235-0287    |     |  |  |  |  |  |  |
| Estimated average burden |     |  |  |  |  |  |  |
| hours per response:      | 0.5 |  |  |  |  |  |  |

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*  EMBLER MICHAEL J    |  |          |         |  | 2. Issuer Name and Ticker or Trading Symbol NMI Holdings, Inc. [ NMIH ] |  |                  |      |  |  |               |  | (Ch  | eck all app<br>X Direc                                      | tor                         | ng Per   | 10% O         | wner      |  |
|---|--|----------|---------|--|---|--|------------------|------|--|--|---------------|--|--|---|-----------------------------|--|---------------|-----------|--|
| (Last)  | (Fir<br>I HOLDIN   | ,        | Middle) |  | 3. Date of Earliest Transaction (Month/Day/Year) 05/13/2021             |  |                  |      |  |  |               |  |  | Office<br>below   | fficer (give title<br>elow) |  | Other (below) | specify   |  |
| 2100 POWELL STREET, 12TH FL.                                  |  |          |         |  | 4. If Amendment, Date of Original Filed (Month/Day/Year)                |  |                  |      |  |  |               |  |  | 6. Individual or Joint/Group Filing (Check Applicable Line) |                             |  |               |           |  |
| (Street) EMERY  | VILLE CA   | <u> </u> | 4608    |  |   |  |                  |      |  |  |               |  | X Form filed by One Reporting Person  Form filed by More than One Reporting Person           |   |                             |  |               |           |  |
| (City)  | (Sta   | ate) (Z  | Zip)    |  |   |  |                  |      |  |  |               |  |  |   |                             |  |               |           |  |
|   |  | Table    | I - Nor | n-Deriva                               | tive S  | Secu   | rities           | Acq  | uired,   | Dis  | posed of      | , or E   | 3ene   | ficia   | lly Own                     | ed   |               |           |  |
| 1. Title of Security (Instr. 3)  2. Transact Date (Month/Date |  |          |         | Execution Date,                        |   | 3. Transaction Code (Instr. 8) 4. Securities Acquired Disposed Of (D) (Instr. 5) |                  |      | d Securit<br>Benefic   | ecurities<br>eneficially<br>wned Following |               | n: Direct<br>r Indirect<br>estr. 4)                | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4)                            |   |                             |  |               |           |  |
|   |  |          |         |  |   |  |                  | Code | v  | Amount                                     | (A) or<br>(D) |  | Price  | Transa  | ction(s)<br>3 and 4)        |  |               | (mstir 4) |  |
| Restricted Stock Unit (right to receive) 05/13/2              |  |          | /2021   |  |   |  | A                |      | 5,130(1)   | ) A  |               | \$ <mark>0</mark>                                  | 0 79,693 <sup>(2)</sup>  |   |                             | D  |               |           |  |
|   | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |          |         |  |   |  |                  |      |  |  |               |  |  |   |                             |  |               |           |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)           | vative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any   |          |         | Transaction of Code (Instr. Derivative |   | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year)                   |                  |      | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Ins<br>3 and 4) |  | estr.         | 3. Price of<br>Oerivative<br>Security<br>Instr. 5) | 9. Number derivative Securities Seneficially Owned Following Reported Transactior (Instr. 4) | Owners Form: Direct ( or Indir (I) (Inst                    | Ownership                   | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |               |           |  |
|   |  |          |         |  |   |  | Date<br>Exercisa | able | Expiration<br>Date   | of<br>Title Share                          |               |  |  |   |                             |  |               |           |  |

## **Explanation of Responses:**

- 1. Represents restricted stock units granted pursuant to the NMIH Amended and Restated 2014 Omnibus Incentive Plan. The restricted stock units vest on the first anniversary of the grant date.
- 2. Represents 74,563 class A common shares and 5,130 unvested restricted stock units.

## Remarks:

/s/ William J. Leatherberry as Attorney-in-Fact

05/14/2021

\*\* 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.