FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-028									
Estimated average burden										

0.5

hours per response:

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

								• • •			iliciti c	' '							
Name and Address of Reporting Person* Pollitzer Adam							2. Issuer Name and Ticker or Trading Symbol NMI Holdings, Inc. [NMIH]										olicable)	g Person(s) to	Issuer Owner
- I Office () Addition						.									X		er (give title		r (specify
(Last) (First) (Middle)							3. Date of Earliest Transaction (Month/Day/Year)								Λ	belo	,	belo	<i>'</i>
C/O NMI HOLDINGS, INC.							11/12/2019									EVP, Chief Financial Officer			
2100 POWELL ST., 12TH FLOOR						<u> </u>													
						. 4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)				
(Street) EMERYVILLE CA 94608														X	Form filed by One Reporting Person				
EMERI VILLE CA 54000															Form filed by More than One Reporting Person				
(City)		(Stat	e) (2	Zip)															
			Tabl	e I - N	lon-Deriv	ative	Sec	uritie	s Ac	quire	ed, D	isposed o	f, or E	Benefic	ially	Owne	ed		
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye						Execution Date,		·				s Acquired (A) or f (D) (Instr. 3, 4 ar		5)	Secui Bene	ficially d Following	6. Ownership Form: Direct (D) or Indirec (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
										Code	v	Amount	(A) or (D)	Price		Trans	action(s) 3 and 4)		(1130.4)
Class A Common Shares, \$0.01 par value per share 11/12/201)19	9			S		7,089	D	\$33.73	307(1)	1	76,919	D		
Class A Common Shares, \$0.01 par value per share 11/13/201)19	19			S		10,635	D	\$33.22	291 ⁽²⁾	166,284 ⁽³⁾		D		
			Та	ble II								oosed of, convertib				vned		,	,
1. Title of Derivative Security (Instr. 3)	ive Conversion or Exercise (Month/Day/Year) Price of Derivative Security Execution Date, if any (Month/Day/Year)			4. Transa Code (8)		5. Nu of Deriv Secul Acqu (A) or Dispo of (D) (Instr and 5	Expir (Mon	6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Date Exercisable		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of		nt er		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownershi Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)			

Explanation of Responses:

- 1. The common stock was sold by the reporting person in a series of open market transactions on the transaction date at a weighted average sale price of \$33.7307. The range of sale prices was \$33.68 to \$33.80. The reporting person undertakes to provide, upon request by the SEC staff, the issuer, or a security holder of the issuer, full information regarding the number of shares sold at each price.
- 2. The common stock was sold by the reporting person in a series of open market transactions on the transaction date at a weighted average sale price of \$33.2991. The range of sale prices was \$33.25 to \$33.385. The reporting person undertakes to provide, upon request by the SEC staff, the issuer, or a security holder of the issuer, full information regarding the number of shares sold at each price.
- 3. Represents 166,284 unvested restricted stock units.

Remarks:

/s/ Nicole Sanchez as Attorney-11/13/2019 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.