FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| | OMB APPROVAL | | | | | | | | |
|----|--------------------------|--------|--|--|--|--|--|--|--|
| OI | 3235-0287 | | | | | | | | |
| Es | Estimated average burden | | | | | | | | |
| ho | ours per response | e: 0.5 | | | | | | | |

| | Check this box if no longer subject |
|--------|-------------------------------------|
| | to Section 16. Form 4 or Form 5 |
| \cup | obligations may continue. See |
| | Instruction 1(b). |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

. OWNERSHIP Estimated average burden hours per response:

| Instruc | ction 1(b). | | | Filed | | | | | | urities Exchan Company Act | | | | | | | | |
|--|-------------|--|-----------------|--|---|---|--|--|---------------------------------|-------------------------------|---|---|--|--|---|---|------------------|---|
| 1. Name and Address of Reporting Person* SCHEID STEVEN | | | | 2. Issuer Name and Ticker or Trading Symbol NMI Holdings, Inc. [NMIH] | | | | | | | | . Relationshi Check all app | | | to Iss | | | |
| (Last) | , | irst) (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/11/2023 | | | | | | | | Officer (give title Other below) below | | | | er (sp | |
| C/O NMI HOLDINGS, INC. 2100 POWELL STREET, 12TH FL. | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | | |
| (Street) | VILLE CA | ILLE CA 94608 | | | | | | | | | | Form filed by More than One Reporting Person | | | | | rting | |
| (City) | (St | ate) (Zip) | | | Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | | | | nded to |
| | | Table | I - N | lon-Deriva | tive S | Securi | ities A | cquir | ed, D | isposed o | f, or E | Benefic | ially Owr | ned | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye | | | Execution Date, | | n Date, | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | Code | v | Amount | (A) or (D) | Price | Reported Transactio (Instr. 3 an | | (| | | •, |
| Restricte | d Stock Uni | it (right to receiv | ve) | 05/11/202 | .3 | | | A | | 5,847(1) | A | \$0 | 5,847 | | D | | | |
| Class A Common Shares, \$0.01 par value per share | | | | | | | | | | | | 84,70 |)7 | Fa Tr wh I Sc his co an | | Famil Trust, which Scheinis with to-truind | • | |
| | | Tak | ole II | l - Derivativ (e.g., pu | | | | - | - | posed of, , convertil | | | - | ed | | | | |
| Derivative Conversion Date | | 3. Transaction Date (Month/Day/Year) | ate Exe | | 4. Transaction Code (Instr. 8) | | 5. Number of Derivativ Securitie Acquired (A) or Disposed of (D) (Instr. 3, and 5) | Exp (Mo | Date Exe piration onth/Da | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | deriva Securi Benefi Owned Follow Repor | ities icially d ving ted action(s) | 10. Owners Form: Direct (i or Indir (i) (Insti | hip D) ect | 11. Nature of Indirec Beneficia Ownershi (Instr. 4) |
| | | | | | | | | | | | | Amount | | | | | | |

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.

(D)

Date Exercisable Expiration Date

Remarks:

/s/ Lynn Zheng, as Attorneyin-Fact ** Signature of Reporting Person

Number

Shares

Title

05/15/2023

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.