Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| STATEMENT (| OF CHANGES IN | I BENEFICIAL | OWNERSHIP |
|-------------|---------------|--------------|-----------|
| | | | |

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|--|
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| 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

| Name and Address of Reporting Person* Smith Robert Owen | | | | | 2. Issuer Name and Ticker or Trading Symbol NMI Holdings, Inc. [NMIH] | | | | | | | (Chec | k all app Direc | , | ng Pe | rson(s) to Is 10% O Other (| wner | | |
|---|--|--------------|---------------------------------|---|---|--|---|---|--------|------------|---------------|--|---|---|--|---|-------------|--|--|
| (Last) C/O NMI H | | , | ⁄liddle) | | 3. Date of Earliest Transaction (Month/Day/Year) 02/18/2022 | | | | | | | X | belov | | | below) | elow) | | |
| (Street) EMERYVII (City) | | 9 ute) (Z | 4608 Zip) | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | Line) X | Form Form Perso | ual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Table | I - Nor | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or E | 3enef | icially | / Own | ed | | | |
| Date | | | 2. Transac Date (Month/Da | Execution Date, | | Date, | 3. Transaction Code (Instr. 8) 4. Securitie Disposed (5) | | | | 4 and Securit | | ties For cially (D) d Following (I) | | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | Code | v | Amount | (A) (D) | or Pi | ice | Transa | action(s) 3 and 4) | | | (111341. 4) | | |
| Class A Common Shares, \$0.01 par value per share 02/1: | | | 02/18/ | /2022 | | | | S | | 4,000 | 4,000 D S | | 325 ⁽¹⁾ | 49,723 ⁽²⁾ | | | D | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| Security or (Instr. 3) Pri | Derivative Security Conversion or Exercise Instr. 3) Date (Month/Day/Year) Price of Derivative Security Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) | | 4. Transa Code (8) | (Instr. Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date | | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) Amount or Numb of Title Share | | nt er | | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |

Explanation of Responses:

- 1. The common stock was sold by the reporting person in a series of open market transaction on the transaction date at prices ranging from \$25.0001 and \$25.0001.
- 2. Represents 20,065 class A common shares and 29,658 unvested restricted stock units.

Remarks:

/s/ Lynn Zheng, as Attorney-

02/22/2022

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.