FORM 4

Check this box if no longer subject

to Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	

Washington,	D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 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

		Reporting Person*			2. Issuer Name and Ticker or Trading Symbol NMI Holdings, Inc. [NMIH] 3. Date of Earliest Transaction (Month/Day/Year) 02/12/2021						5. Relationship (Check all app X Direc	licable) tor		10	,)% Ow	ner		
	(Fii I HOLDIN WELL STI	,	/liddle)								X Officer (give title Other (specify below) Executive Chairman							
,	VILLE CA		4608		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 Form filed by More than One Reporting Person						
(City)	(St		(ip) 	erivat	ive S	Secui	rities A	cauire	ed D	isnosed o	f or F	Renefic	cially Own	ed				
1. Title of Security (Instr. 3)		2. Trar Date	2. Transaction		2A. Deemed Execution Date,		3. Transaction Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a 5)		d (A) or	r 5. Amount of		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
							Code	v	Amount	(A) or (D)	Price	Reported Transaction (Instr. 3 and	n(s) d 4)			(Instr.	4)	
	Class A Common Shares, \$0.01 par value per share		12/2021	21			F		6,395 ⁽¹⁾	D	\$0	581,39	581,396		D			
Class A C		ares, \$0.01 par	02/1	13/2021	1			F		8,097(2)	D	\$0	573,29	9(3)	D			
Class A Common Shares, \$0.01 par value per share												47,15	47,150		I		By Shuster Family Trust, of which Mr. Shuster and his wife are co-trustees and beneficiaries	
		Tal								sposed of, , convertil			ally Owner	d				
Derivative Conversion Date E Security Or Exercise (Month/Day/Year) ii		3A. Deemed Execution D	. Deemed 4. ecution Date, Tra		4. 5. Number of Code (Instr. Derivative		6. Date Expiration (Month/Date)		ercisable and Date	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		8. Price of Derivative Security (Instr. 5)	deriva Securi Benefi Owned Follow Repor	ities icially d ving ted action(s)	Form: Direct or Ind	wnership	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A) (D)	Date Exe	e rcisab	Expiration Date	Title	Amount or Number of Shares						

Explanation of Responses:

- 1. Represents shares withheld by NMIH to satisfy withholding taxes due in connection with the vesting of certain restricted stock units granted to the reporting person on February 12, 2020, at a net settlement price equal to the closing stock price on February 12, 2021. Such restricted stock units vest in three equal annual installments beginning on February 12, 2021.
- 2. Represents shares withheld by NMIH to satisfy withholding taxes due in connection with the vesting of certain restricted stock units granted to the reporting person on February 13, 2019, at a net settlement price equal to the closing stock price on February 12, 2021. Such restricted stock units vest in three equal annual installments beginning on February 13, 2020.
- 3. Represents 489,868 class A common shares and 83,431 unvested restricted stock units.

Remarks:

/s/ Nicole C. Sanchez as Attorney-in-Fact

02/17/2021

** 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.