FORM 3

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

Washington, D.C. 20549

## OMB APPROVAL 3235-

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## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

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*  Montgomery Brian D	2. Date of Event Requiring Statement (Month/Day/Year) 06/07/2021	RADIAN GROUP INC [ RDN ]					
(Last) (First) (Middle) RADIAN GROUP INC.		Relationship of Reporting Person(s) to Issuer (Check all applicable)			5. If Amendment, Date of Original Filed (Month/Day/Year)		
1500 MARKET STREET	=	X Director Officer (give title below)	10% Owr Other (sp below)	specify (Ch	Individual or Joint/Group Filing Check Applicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting Person		
(Street) PHILADELPHIA PA 19102							
(City) (State) (Zip)							
Table I - Non-Derivative Securities Beneficially Owned							
1. Title of Security (Instr. 4)					Nature of Indirect Beneficial wnership (Instr. 5)		
1. Title of Security (Instr. 4)		2. Amount of Securities Beneficially Owned (Instr. 4)	3. Owners Form: Dir (D) or Ind (I) (Instr. !	rect Own			
		Beneficially Owned (Instr.	Form: Dir (D) or Ind (I) (Instr. !	rect Own lirect 5)			
		Beneficially Owned (Instr. 4) e Securities Beneficia ints, options, converti	Form: Dir (D) or Ind (I) (Instr. ! Ily Owne ble secul curities	rect Own lirect 5)			

**Explanation of Responses:** 

No securities are beneficially owned.

06/08/2021 Brian D. Montgomery

\*\* 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 5 (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.