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

### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

OMB APPROVAL								
OMB Number: Estimated average burden	3235-0287							
hours per response:	0.5							

or Section So(in) or the investment Company Act or 1940											
1. Name and Address of Reporting Person <sup>*</sup> Sculley Sheryl L.			2. Issuer Name and Ticker or Trading Symbol <u>MGIC INVESTMENT CORP</u> [ MTG ]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner							
(Last)	) (First) (Middle)		3. Date of Earliest Transaction (Month/Day/Year) 03/05/2024	Officer (give title Other (specify below)							
250 EAST KILBOURN AVENUE			4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Lin								
,				X Form filed by One Reporting Person							
(Street)				Form filed by More than One Reporting Person							
MILWAUKEE	WI	53202	Rule 10b5-1(c) Transaction Indication								
(City)	(State)	(Zip)	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.								
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned											

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	tion 2A. Deemed 3. Trans Execution Date, Code (II		action	4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	
	(Month/Day/Year)		Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		Ownership (Instr. 4)
Common Stock	03/05/2024		Α		139.086	A	(1)	24,037.6531	D	

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned   (e.g., puts, calls, warrants, options, convertible securities)															
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Date, if any (Month/Day/Year)	4. Trans Code (Ir		Derivative E		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
	Security			Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Reported Transaction(s) (Instr. 4)	,	
Share Units <sup>(2)</sup>	(3)	03/05/2024		A		108.846		(4)	(5)	Common Stock	108.846	(6)	18,811.3266	D	

Explanation of Responses:

1. Dividends paid on Restricted Stock Units awarded under the Issuer's 2020 Omnibus Incentive Plan. No price was paid by the reporting person for them.

2. The reporting person participates in the MGIC Investment Corporation Deferred Compensation Plan for Non-Employee Directors under which units corresponding to shares of Common Stock of the Issuer ("Share Units") are awarded to the reporting person and/or acquired through compensation deferral.

3. These Share Units do not have a specified dollar-denominated exercise or conversion price. Their value is based, on a one-for-one basis, on the price of the Issuer's common stock on the New York Stock Exchange.

4. These Share Units are settled in cash, on a specified date, unless a qualified election for later distribution is made by the reporting person.

5. These Share Units do not expire on a fixed date. They are settled in cash on a specified date, unless a qualified election for later distribution is made by the reporting person.

6. These Share Units were acquired through phantom dividend reinvestment and no price was paid by the reporting person for the Share Units.

#### Remarks:

Leslie A. Schunk, Attorney-in-Fact 03/06/2024

\*\* Signature of Reporting Person

03/06/202 Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 $^{\ast}$  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.

# Limited Power of Attorney

KNOW ALL BY THESE PRESENTS, that the undersigned is required, or may be required in the future, to file reports of changes in beneficial ownership of equity securities of MGIC Investment Corporation (the "Company").

To facilitate the filing of these reports, the undersigned hereby appoints each of Timothy A. Chrapko, Shelby E. Heinrich, Heidi A. Heyrman, Paula C. Maggio, Brian M. Remington, Leslie A. Schunk, and Martha F. Tsuchihashi as the undersigned's attorney-in-fact and agent to (i) apply on behalf of the undersigned for access codes (if necessary) for the EDGAR System, and (ii) sign on behalf of the undersigned and file any Form 3, Form 4, or Form 5 for the undersigned with the Securities and Exchange Commission or any securities exchange.

Each of the persons authorized to act as such attorney-in-fact and agent above may do so separately without the concurrence of the other persons. The authority granted hereunder is granted to the person occupying the position specified at the time such authority is exercised.

Dated: 10-28-Signature:

Please print or type name: \_Sheryl L. Sculley

### ACKNOWLEDGMENT

STATE OF WISCONSIN

COUNTY OF MILWAUKEE

Before me, a Notary Public in and for the State of Wisconsin, on this day personally appeared <u>Sheryl L. Sculley</u>, known to me to be the person whose name is subscribed to the foregoing *Limited Power of Attorney*, and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed.

Given under my hand and official seal this  $\frac{2\delta}{2}$  day of October, 2021.

(SEAL)

Notary Public, State of Wisconsin

Print Name: Patricia A. Fitchett

My commission expires: October 03, 2025

PATRICIA A. FITCHETT Notary Public State of Wisconsin