FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Check this box if no longer subject to Section 16.
Form 4 or Form 5 obligations may continue. See
Instruction 1(h)

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10

Filed pursuant to Section 16(a) of the Securities Exchange Act of 19
or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* Thompson Michael Leal					2. Issuer Name and Ticker or Trading Symbol MGIC INVESTMENT CORP [MTG]								onship of Reporting Perso Il applicable) Director		n(s) to Issuer	wner	
(Last) (First) (Middle) C/O MGIC INVESTMENT CORPORATION 250 EAST KILBOURN AVENUE					3. Date of Earliest Transaction (Month/Day/Year) 08/22/2024								Officer (give below)	title	Other	(specify below)	
(Street) MILWAUKEE WI 53202 (City) (State) (Zip) 4. If Amendment, Date of Original Filed (Month/Day/Ye					Day/Year)			6. Individ	Form filed by	y One Repo	Check Applicable orting Person n One Reporting F	,					
(- 3)	(*****)		Table I - N	on-De	rivative	Securi	ties Acc	quired,	Disp	osed of	, or Be	neficial	y Owned				
Dat					lonth/Day/Year) if any		Execution Date, if any		3. Transaction Code (Instr. 8) 4. Securities Acquired (A) or Dis (D) (Instr. 3, 4 and 5)		isposed Of	5. Amount of So Beneficially Ow Following Repo	vned orted	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial		
Ì					(Month/Day/Year)		Code	v	Amount (A) or (D) Pri		Price	Transaction(s) (Instr. 3 and 4)			Ownership (Instr. 4)		
Common Stock				08/2	22/2024	2024		A		34.2	269	A	(1)	8,389.2	64	D	
			Table II							sed of, c			Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Trans Code (I		5. Number Derivative Securities (A) or Dis (D) (Instr. 5)	Acquired posed of	Expiration Date Underlying Deriving (Instr. 3 and 4)		e and Amount of Secur lying Derivative Securi 3 and 4)				er of Ownership Form: ally Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
	1	I	1	-				 			_			_	Reported Transacti		1

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.

Remarks:

Leslie A. Schunk, Attorney-in-Fact

08/23/2024 ** 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.

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, Heidi A. Heyrman, Paula C. Maggio, Brian M. Remington, Leslie A. Schunk and Andrew J. Versnik 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

person occupying the position specified at th	e time such authority is exercised.
Dated: 10/11/23	
Signature: Michael L. Please print or type name: Michael L.	Thompson
	NOWLEDGMENT
STATE OF Wisconsin	
county of <u>Kenosha</u>)	
appeared Michael L. Thompson	te of <u>Wisconsin</u> , on this day personally , known to me to be the person whose name is f Attorney, and acknowledged to me that he/she is ideration therein expressed.
Given under my hand and official seal this _	11 day of October, 2023.
(SEAL)	By: adulue Cou and Son Sin
and the second	Print Name: Adilene Cervantes
CESTA STATE OF THE	My commission expires: 9 15 2026