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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Instruc	tion 1(b).			Filed			ection 16(a) 80(h) of the Ir					134					
Name and Address of Reporting Person* Arrigoni Daniel A.				2. Issuer Name and Ticker or Trading Symbol MGIC INVESTMENT CORP [MTG]							heck all a	nship of Reporting Pers I applicable) Director		to Iss 6 Ow			
(Last) (First) (Middle) C/O MGIC INVESTMENT CORPORATION				3. Date of Earliest Transaction (Month/Day/Year) 03/02/2022									ficer (give title low)	Other (spec below)		pecify	
(Street) MILWAI	UKEE W		3202 Zip)		4. If A	mendi	ment, Date o	f Origina	l Filed	I (Month/Day	r/Year)		ne) X Fo	l or Joint/Grou rm filed by On rm filed by Mo rson	e Reporting F	erso	n
(City)	(50			-Deriva	tive S	ecur	rities Acq	uired.	Disi	nosed of	or Ben	efici	ally Ov	ned			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)			ction 2A. Exe ay/Year) if ar		2A. Deemed Execution Date, f any Month/Day/Year)	3. Transaction Code (Instr.		4. Securities Acquired (ADisposed Of (D) (Instr. 3)		l (A) or	5. A nd Sec Ber	mount of urities eficially led Following orted	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	ct B	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount	(A) or (D)	Price	Trai	saction(s) r. 3 and 4)			
Common	Stock			03/02/2	2022			A		44.6398	A	(1)	8	130.0214	D		
Common Stock													30,000	I	F	By a Family Frust	
		Tal					ies Acqu varrants,							ed			
Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any		4. Transaction Code (Instr. 8) 5. Number of Derivative Securities Acquired (A) or Disposed of (D)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price Derivati Security (Instr. 5)	e derivative	Owners Form: Direct (or Indir (I) (Inst	D) ect	11. Nature of Indirect Beneficial Ownership (Instr. 4)					

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.

Code

Remarks:

Martha F. Tsuchihashi, Attorney-in-Fact

Title

Amount or Number

03/03/2022

(Instr. 4)

** 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.

(Instr. 3, 4

Date Exercisable

Expiration Date

and 5)

(A) (D) 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: October 27, 2021 Signature: /s/ Daniel A. Arrigoni

Please print or type name: Daniel A. Arrigoni

ACKNOWLEDGMENT STATE OF WISCONSIN) COUNTY OF MILWAUKEE)

Before me, a Notary Public in and for the State of Wisconsin, on this day personally appeared Daniel A. Arrigoni, 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 27th day of October 2021.

(SEAL)

/s/ Patricia A. Fitchett By: Notary Public, State of Wisconsin Print Name: Patricia A. Fitchett My commission expires: October 3, 2025