FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washingt

Washington, D.C. 20549	OMB APPROVAL		
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-0	

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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

1. Name and Address of Reporting Person* <u>Candelmo Robert J</u>				2. Issuer Name and Ticker or Trading Symbol MGIC INVESTMENT CORP [MTG]								(Chec	k all app Direc	,	ng Per	rson(s) to Is 10% O Other (s	wner		
(Last) 250 EAS	•	irst) (M	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 02/10/2023							X	below		ort G	below)		
(Street) MILWAU (City)			3202 Zip)		4. If A								6. Indi Line) X	· I					
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day)			Execution Date,			Date,	Transaction Disposed (Code (Instr. 5)		es Acquired (A) o Of (D) (Instr. 3, 4 a		or 4 and	5. Amount of Securities Beneficially Owned Follow Reported		6. Ownersh Form: Direc (D) or Indirec (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
						Code		Amount	(A) ((D)	Pri	ce	Transa	ction(s) 3 and 4)			, ,,			
Common Stock 02/10/2				2023			F		2,762	D	\$1	13.81 15		,096(1)		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)	Derivative Conversion Date Security or Exercise (Month/Day/Year) if any			Transaction Code (Instr. 8)		of Deriv Secu Acqu (A) of Dispo of (D) (Instr	of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		Price of rivative curity str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ownersh Form: Direct (D) or Indirect (I) (Instr.	Ownership	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amous or Number of Shares	er					

Explanation of Responses:

1. Of these shares, 69,201 shares are held jointly with his spouse.

Remarks:

Leslie A. Schunk, Attorneyin-Fact

02/13/2023

** 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.

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.

Signature:	Robert	J.	Candel	mo		
Please print or type n	ame:			Robert	J.	Candelmo
STATE OF WISCONSIN)	,				
COUNTY OF MILWAUKEE))				

Dated: ____10/27/2021____

Before me, a Notary Public in and for the State of Wisconsin, on this day personally appeared $\,$

Robert J. Candelmo, 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) By: Patricia A. Fitchett

Notary Public, State of Wisconsin

Print Name: Patricia A. Fitchett My commission expires: October 03, 2025