FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

_		
Washington.	D.C.	20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL							
OMB Number:	3235-0287						
Estimated average burden							
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(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

Share Units ⁽²⁾	(3)	11/23/2022		A		982.2305		(5)		(6)	Commo Stock		32.2305	(4)	133,087.	.9867	D	
				Code	v	(A)		Date Exercisable		xpiration ate	Title	Nu	nount or mber of ares		(Instr. 4)	ion(a)		
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. Transaction Code (Instr.		5. Number of Derivative		6. Date Exercisable Expiration Date (Month/Day/Year)		ole and 7. Title a Securitie Derivativ		Title and Amount of courities Underlying erivative Security sstr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transactions	e s ally g	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
			Table II - D			curities Ils, warr								wned				
Common Stock			11/23/2	3/2022		A		61.2194 A		(1)	8,295.0784			D				
			Month/Day			if any (Month/Day/Year)		nstr. V	Amount (A) o		A) or	Price	Beneficial Owned Form Reported Transaction (Instr. 3 and	llowing on(s)	(D) or (I) (Ins	str. 4) (Beneficial Ownership Instr. 4)	
			2. Transact	Saction 2A. Deemed Execution Date,		3. Transaction Code (Instr.)			A) or	1 and 5) Securities		Form:	Direct I	. Nature of				
(City)	(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
(City)	(9	Stato)	(7in)											Person				
(Street) MILWAI	UKEE V	VI	53202										X	Form file	,	•	ting Person One Reporti	ng
250 EAST KILBOURN AVENUE				4	4. If Amendment, Date of Original Filed (Month/Day/Year)					6. Ind Line)	6. Individual or Joint/Group Filing (Check Applicable Line)							
		TMENT CORPC	RATION		11/23/2	2022												
(Last)	(F	First)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 11/23/2022								Officer (give title below)			Other (specify below)		
1. Name and Address of Reporting Person* Poliner Gary A.					2. Issuer Name and Ticker or Trading Symbol MGIC INVESTMENT CORP [MTG]							k all applica		Perso	10% Ow			
1 Nome or	ad Addraga of	Donorting Doroon*		1.2) Issue	r Name an e	d Ticke	er or Tradin	ıa Sv	mhol			I 5 Re	lationship of	Reporting	Perso	n(s) to Issue	r I

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 were acquired through phantom dividend reinvestment and no price was paid by the reporting person for the Share Units.
- 5. These Share Units 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 do not expire on a fixed date. They will be settled in cash at the time the underlying units are settled.

Remarks:

Leslie A. Schunk, Attorney-in-

Fact

** Signature of Reporting Person

Date

11/23/2022

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.

Dated: October 28, 2021

Signature: /s/ Gary A. Poliner

Please print or type name: Gary A. Poliner

ACKNOWLEDGMENT STATE OF WISCONSIN STATE OF WISCONSIN)
COUNTY OF MILWAUKEE)

Before me, a Notary Public in and for the State of Wisconsin, on this day personally appeared Gary A. Poliner, 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 28th 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