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 |
|---------------|--|
| (1) | 16. Form 4 or Form 5 obligations may continue |
| $\overline{}$ | Con Instruction 1(h) |

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

| Name and Address of Reporting Person* CULVER CURT S | | | | | 2. Issuer Name and Ticker or Trading Symbol MGIC INVESTMENT CORP [MTG] | | | | | | | 5. Relat (Check | S. 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) 08/24/2023 | | | | | | | | Officer (give below) | title | | Other (sp | pecify below) | | |
| C/O MGIC INVESTMENT CORPORATION 250 EAST KILBOURN AVENUE | | | | 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indivi | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (Street) MILWAUKEE | | | | | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | | | | |
| (City) | (State) | (Zij | o) | | 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 | | | | | | | | | | | | | | | | | | | |
| Di | | | Date | 2. Transaction Date (Month/Day/Year) | | med on Date, | 3. Transaction Code (Instr. 8) 4. Securities Acquired (D) (Instr. 3, 4 and 5) | | Acquired (A) or Disposed Of and 5) | | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial | | | | |
| | | | | | | (Month/Day/Year) | | Code | v | Amount | | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | | | Ownership (Instr. 4) | |
| Common Stock | | | | 08/2 | 24/2023 | | A | | 60.5527 | | A | (1) | 20,509.9444 | | D | | | | |
| Common Stock | | | | | | | | | | | | | | 811,051 | | | I | By a Family Trust | |
| 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 | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Trans Code (Ir | nstr. 8) | 5. Numbe Derivative Securities (A) or Dis (D) (Instr. 5) | e S Acquired posed of | Date Exercisable and Expiration Date (Month/DaylYear) To Title and Amount of Underlying Derivative (Instr. 3 and 4) | | ve Security | Derivative Security (Instr. 5) Benef Owne Follow Report | | ties Form: cially Direct (D) or Indirect (I) ring (Instr. 4) | | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | Code | v | (A) | (D) | Date Exercis | | Expiration Date | Title | | Amount or Number of Shares | Number of (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.

Remarks:

Leslie A. Schunk, Attorney-in-Fact

08/25/2023

** 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.

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.

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|--|---|--|--|--|--|
| Dated: /0/27/2/ | | | | | |
| Signature: Al Culte | | | | | |
| Please print or type name: Curt S. Culver | | | | | |
| ACK | NOWLEDGMENT | | | | |
| STATE OF WISCONSIN) COUNTY OF MILWAUKEE) | | | | | |
| Curt S. Culver , known to me | te of Wisconsin, on this day personally appeared to be the person whose name is subscribed to the knowledged to me that he/she executed the same for essed. | | | | |
| Given under my hand and official seal this $	extstyle 	extstyle$ | 7 day of October, 2021. | | | | |
| (SEAL) | By: Pation a. FHillitt | | | | |
| | Notary Public, State of Wisconsin Print Name: Patricia A. Fitchett | | | | |
| PATRICIA A. FITCHETT Notary Public State of Wisconsin | My commission expires: October 03, 2025 | | | | |