Instruction 1(b).

FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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

1. Name and Address of Reporting Person* <u>Candelmo Robert J</u>				2. Issuer Name and Ticker or Trading Symbol  MGIC INVESTMENT CORP [ MTG ]								k all app Direc	tor	ng Per	10% O	wner			
(Last) (First) (Middle) 250 EAST KILBOURN AVENUE					3. Date of Earliest Transaction (Month/Day/Year) 03/10/2023							X	belov	,		Other (specify below)  rt Gty Ins Corp			
(Street) MILWAUKEE WI 53202 (City) (State) (Zip)				4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Indi Line) X								
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
Date				Date	te Exonth/Day/Year) if			2A. Deemed Execution Date, if any (Month/Day/Year)		ction Instr.	4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			and Securitie Benefici		ties cially Following	Form (D) or	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) (D)	or Pr	ice	Transa	ed ction(s) 3 and 4)			(Instr. 4)
Common Stock 03/				03/10/2	2023				F		2,756	D	\$	13.33	145,396(1)			D	
Common Stock 03/10				03/10/2	2023				F		3,055	D	\$	13.33	142	2,341(1)		D	
Common Stock 03/10/2				2023				F		2,750	D	\$	13.33	139,591(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  1. Title of Derivative Security  2. Conversion or Exercise (Month/Day/Year)  3. Transaction Date (Month/Day/Year)  (Month/Day/Year)  (Month/Day/Year)			ion Date,	Code (Instr.		of	r osed (1. 3, 4	Expiration Day/Y		ite	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		De Se (In:	Price of rivative curity str. 5)		y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	or Numb of Share						

## **Explanation of Responses:**

1. Of these shares, 66,683 shares are held jointly with his spouse.

## Remarks:

Leslie A. Schunk, Attorney-

03/10/2023

in-Fact

\*\* 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