FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	DС	20549	
vasimigton,	D.O.	20040	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

1. Name and Address of Reporting Person* <u>Sperber Julie K.</u>				2. Issuer Name and Ticker or Trading Symbol MGIC INVESTMENT CORP [MTG]							(Chec	ationship of Reporting (all applicable) Director Officer (give title		ng Person(s) to Issuer 10% Owner Other (speci		ner			
(Last) (First) (Middle) C/O MGIC INVESTMENT CORPORATION 250 EAST KILBOURN AVENUE					3. Date of Earliest Transaction (Month/Day/Year) 02/03/2023								X	below	below) VP-Chief Accounting		below)		
(Street)	JKEE W	I 5	3202 Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Indi Line) X								
		Table	I - No	n-Deriva	tive S	Secui	rities	Acq	uired,	, Dis	posed of	, or E	Benef	ficially	/ Own	ed			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day			Execution Date,				es Acquired (A) Of (D) (Instr. 3,				ies cially Following	6. Owner Form: Di (D) or Ind (I) (Instr.	rect (direct (d)	7. Nature of Indirect Beneficial Ownership (Instr. 4)					
							Code	v	Amount	ount (A) or Pr		rice	Reported Transaction(s) (Instr. 3 and 4)				instr. 4)		
Common Stock 02/03/2				2023		A		5,293	A	\$	14.17	4.17 74,769		D					
		Tal									osed of, o				Owne	t			
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Yes			if any	emed lon Date, //Day/Year) 4. Transactic Code (Ins			of Deriv Secur Acqu (A) or Dispo	erivative ecurities cquired (A) or isposed (D) nstr. 3, 4		ion Da	te	7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)		De Se (In:	Price of rivative curity str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transaction (Instr. 4)	Owi For Dire or li (I) (I	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	Amou or Numb of Share	ber					

Explanation of Responses:

Remarks:

Leslie A. Schunk, Attorneyin-Fact

02/06/2023

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

^{*} 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).

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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:10/26/202	21				
Signature:	Julie E	K. Sperbe	r		
Please print or type ACKNOWLEDGMENT	name:		Julie	К.	Sperber
STATE OF WISCONSIN)				
COUNTY OF MILWAUKEE))			

Before me, a Notary Public in and for the State of Wisconsin, on this day personally appeared Julie K. Sperber, 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 26th 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