## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

FORM 4

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

1. Name and Address of Reporting Person <u>LEHMAN MICHAEL E</u>					2. Issuer Name and Ticker or Trading Symbol <u>MGIC INVESTMENT CORP</u> [ MTG ]									onship of Repor all applicable) Director Officer (give	0	Person(s) to Issuer 10% Owr		ner
(Last) (First) (Middle) C/O MGIC INVESTMENT CORPORATION 250 EAST KILBOURN AVENUE					3. Date of Earliest Transaction (Month/Day/Year) 11/21/2024									below)		Other (specify b		pecify below)
(Street) MILWAUKEE (City)	WI (State)	53 (Zi	202 p)		4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Indivio	ividual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person					
			Table I - N	on-De	rivative	Securi	ties Aco	quired,	Dis	osed o	f, or B	eneficial	ly Owned					
			Date	2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any			rities Acquired (A) or Dispo tr. 3, 4 and 5)		Disposed Of	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/Yea		Code	v	Amount	unt (A) or (D)		Price	Transaction(s) and 4)	(Instr. 3			Ownership (Instr. 4)	
Common Stock				11/2	11/21/2024		Α		127.746		Α	(1)	62,417.9931			D		
			Table II							sed of, o onvertib		eficially urities)	Owned					
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. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable a Expiration Date (Month/Day/Year)		e	d 7. Title and Amount o Underlying Derivative (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Numb derivativ Securiti Benefici Owned Followir Reporte	ve es ially ng	f 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercis		Expiration Date	Title		Amount or Number of Shares		Transac (Instr. 4)	tion(s)		
Share Units <sup>(2)</sup>	(3)	11/21/2024		Α	8.196		(4)		(5) Com		mon Stock	8.196	(6)	1,567.	4147	D		

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 are settled in cash, on a specified date, unless a qualified election for later distribution is made by the reporting person.

5. These Share Units do not expire on a fixed date. They 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 were acquired through phantom dividend reinvestment and no price was paid by the reporting person for the Share Units.

Remarks:

Leslie A. Schunk, Attorney-in-Fact 11

\*\* Signature of Reporting Person

<u>11/22/2024</u> 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.

Dated: 10 (21) 2021	
Signature: Coul Libra	
Please print or type name:Michael E. Lehman	_
ACKNOWLEDGMENT	

STATE OF WISCONSIN

COUNTY OF MILWAUKEE

Before me, a Notary Public in and for the State of Wisconsin, on this day personally appeared Michael E. Lehman \_\_\_\_, 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 27 day of October, 2021.

(SEAL)

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Notary Public, State of Wisconsin

Print Name:\_\_\_ Patricia A. Fitchett

My commission expires: October 03, 2025

PATRICIA A. FITCHETT Notary Public State of Wisconsin