FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| Washington, D.C. 20549 | |
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| Washington, D.O. 20040 | |
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| OMB APPROVAL | | | | | | | | | | |
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| 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

| 1. Name and Address of Reporting Person* Federico Peter J (Last) (First) (Middle) AGNC INVESTMENT CORP. 7373 WISCONSIN AVE 22ND FL | | | | | | 2. Issuer Name and Ticker or Trading Symbol AGNC Investment Corp. [AGNC] 3. Date of Earliest Transaction (Month/Day/Year) 03/01/2024 | | | | | | | | | k all app Direct Office below | er (give title /) ector, Pres | ident | 10% Ov Other (s below) and CEC | vner specify |
|--|---|----|-----------|---------------------------------|--------------------------------------|---|--|---|----------------|--|------------------------|---------|--|-------------------------------------|--|---|--|---|-----------------|
| (Street) BETHESDA MD 20814 | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Application) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | | | | on | | | |
| (City) (State) (Zip) Rule 10b5-1(c) Transaction Indication 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 | | | | | | | | | | | | nded to | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Date | | | | tion 2A. Deemed Execution Date, | | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | | | ired (A) nstr. 3, 4 | or | 5. Amo Securit Benefic Owned Reporte | unt of ies ially Following | Form | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| Common Stock 03/01/ | | | | | 2024 | | Code | v | Amount 172,233 | (A) (D) | | (1) | Transaction(s) (Instr. 3 and 4) 1,417,346.869 | | | D | | | |
| Common Stock | | | | | | | | | | | | | | | 1 | ,900 | | I | IRA |
| | | Та | ble II - | | | | | | | | osed of, convertib | | | | Owne | d | | | |
| 1. Title of Derivative Security (Instr. 3) | Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any | | ion Date, | Code (8) | ransaction of ode (Instr. Derivative | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | t r | | | | 10. Ownership Form: Direct (D) or Indirect I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |

Explanation of Responses:

1. Represents restricted stock units ("RSUs") granted under the Amended and Restated AGNC Investment Corp. 2016 Equity and Incentive Compensation Plan. The awards were received as a grant for no consideration. The common stock underlying the RSUs will vest, subject to certain limitations, in equal installments, on each of March 15, 2025, March 15, 2026 and March 15, 2027.

Peter Federico

03/05/2024

** 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.