FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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 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>Kuehl Christopher</u> | | | | 2. Issuer Name and Ticker or Trading Symbol AGNC Investment Corp. [AGNC] | | | | | | | | | (Chec | k all app | licable) | ng Person(s) to I | | | |
|--|--|---------|----------|--|--|--|------------------------|-----------------------------|-----------------|---------------|--------------------|---|---|--|--|---|--|---------------------------------------|-----|
| (Last) (First) (Middle) AGNC INVESTMENT CORP. | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/26/2023 | | | | | | | | | X | belov | below) below EVP, Chief Investment Office | | | ` | |
| 2 BETHESDA METRO CENTER, 12TH FLOOR | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | |
| (Street) BETHES | SDA MI | 2 | 0814 | | | | | | | | | | | Line) X | | filed by On | | • | - 1 |
| (City) | (St | ate) (Ž | Zip) | | | | | | | | | | | | 1 6130 |) i | | | |
| | | Table | I - Noi | n-Deriva | tive S | Secui | rities | s Acq | uired, | Dis | posed of | , or B | enefi | ciall | y Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Ad Disposed Of (D 5) | | | | | and Securiti | | es ially Following | Form | : Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | Code | v | Amount | (A) (D) | Pri | ce | Transac (Instr. 3 | ction(s) | | | (Instr. 4) | |
| Common Stock 01/26/2 | | | | | 2023 | | | A | | 77,175 | 175 A | | (1) | 649,895.445(2) | | | D | | |
| Common | Stock | | | | | | | | | | | | 2,000 | | | I | IRA | | |
| 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) | | on Date, | 4. Transaction Code (Instr. 8) | | of Deriv Secu Acqu (A) o Disp of (D | osed)) :r. 3, 4 | Expiration D. (Month/Day/\) | | ate Amount of | | nt of ities lying itive ity (Inst | De Se (In | B. Price of Derivative Security Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | y G | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | Amour or Number of Shares | r | | | | | |

Explanation of Responses:

- 1. Shares received for no consideration upon the satisfaction of performance criteria underlying performance based grants made under the Amended and Restated AGNC Investment Corp. 2016 Equity and Incentive Compensation Plan on February 20, 2020.
- 2. Includes 12,805 dividend equivalent restricted stock units received on previously granted RSU awards since the Reporting Person's last Form 4 filing.

01/27/2023 **Christopher Kuehl**

** 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.