FORM 4

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

washington,	D.C. 20049	

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: STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Estimated average burden hours per response: 0.5

Name and Address of Reporting Person* CULVER CURT S					2. Issuer Name and Ticker or Trading Symbol MGIC INVESTMENT CORP [MTG]										Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) (First) (Middle) MGIC PLAZA 250 EAST KILBOURN AVENUE					3. Date of Earliest Transaction (Month/Day/Year) 03/24/2008										below)	Officer (give title below) Chairman and CEO			specify	
(Street) MILWAUKEE WI 53202				4. l	4. If Amendment, Date of Original Filed (Month/Day/Year)										Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S		(Zip)	- D		- 0-							-£	. D	- f inini					
1. Title of Security (Instr. 3) 2. T		2. Trans	ansaction		2A. Deemed Execution Date, if any (Month/Day/Year)		e, 3. Tran	3. Transaction Code (Instr.					(A) or	5. Amou Securitie Benefici	nt of es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Cod	e V		Amount		(A) or (D) Price		Transaction(s) (Instr. 3 and 4)				(1115411 4)
Common	Stock			03/2	03/24/2008				P	_		25,000		A	\$11.2	5 554	1,303	D		
Common Stock														12,67	12,673.413 ⁽¹⁾		I	By Issuer's Profit Sharing and Savings Plan		
			Table II -						quired ts, opti							Owned				
1. Title of Derivative Conversion Date Conversion Opate Control Contro			4. Transa Code (I 8)	ction	5. Number n of		6. Date Exercisal Expiration Date (Month/Day/Year					mount	8. Price of Derivative Security (Instr. 5)			10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercisa	able	Expi Date	iration	Title	OI N	mount , umber Shares					
Employee Stock Options (Right to Buy)	\$46.0625								(2)		05/0	05/2009	Comn		75,000		75,000	0	D	
Employee Stock Options (Right to Buy)	\$45.375								(3)		01/2	26/2010	Comn		50,000		150,00	00	D	
Employee Stock Options (Right to Buy)	\$57.88								(2)		01/2	24/2011	Comn		75,000		75,000	0	D	
Employee Stock Options (Right to Buy)	\$63.8								(2)		01/2	23/2012	Comn	non l	20,000		120,00	00	D	
Employee Stock Options (Right to Buy)	\$43.7								(4)		01/2	22/2013	Comn		80,000		80,000	0	D	
Employee Stock Options (Right to Buy)	\$68.2								(5)		01/2	28/2014	Comn		30,000		80,000	0	D	

Explanation of Responses:

2. All of these options are vested and exercisable in full.

- 3. Partial vesting of these options occurred on January 26 of each of the five years beginning in 2001, based on certain performance standards. Any portion of the option which did not vest at January 26, 2005 will become vested on January 26, 2009 based on the reporting person's continued service to the Issuer.
- 4. One-fifth of these options vest on January 22 of each of the five years beginning in 2004.
- 5. One-fifth of these options vest on January 28 of each of the five years beginning in 2005.

Remarks:

This Form 4 is being signed by the reporting person's attorney-in-fact pursuant to a previously filed power of attorney.

Joseph J. Ziino, Jr., Attorneyin-fact 03/25/2008

** 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.