FORM 4

UNITED STATES SECU

Washington, D.C. 20549

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

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

1. Name and Address of Reporting Person* MUMA LESLIE M			2. Issuer Name and Ticker or Trading Symbol MGIC INVESTMENT CORP [MTG]									ationship of k all applica Director	ole)	g Person(10% C	wner					
(Last) (First) (Middle) C/O FISERV, INC. 255 FISERV DRIVE			3. Date of Earliest Transaction (Month/Day/Year) 04/27/2012									Officer (give title below)		Other (s below)							
(Street)	FIELD V	N I	53045		4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indi	Form file	d by On	Filing (Check Apple Reporting Person re than One Report		ŕ			
(City)	(:	State)	(Zip)	Dori	rivative Securities Acquired, Disposed of, or Beneficially Owned																
1. Title of Security (Instr. 3) 2. T Date			2. Transa Date	Transaction 2A. Deemed Execution Date, if any		3. 4. Securities Disposed O Code (Instr.		ities Acquired (A) or d Of (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following Reported Transaction(s)		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)							
								Code	v	Amount		(A) or (D)		Price	(Instr. 3 and				,msu. 4)		
Common Stock															143,0	07	Ι)			
Common Stock															9,132		I		By a trust of which the reporting person is a trustee and a beneficiary		
			Table II - I (urities Acc s, warrant	•	,	•		,			•	ned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security				action Derivative E		Ex	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amoun Securities Underlyi Derivative Security 3 and 4)		erlying	ng Derivative		nber of tive ities icially d	10. Ownersh Form: Direct (D or Indirect (I) (Instr.	Beneficial Ownership tt (Instr. 4)	t		
				Code	v	(A)	(D)		ate kercisabl		xpiration ate	Amour Number Shares			ber of	Repor Transa (Instr.		action(s)			
Share Units ⁽¹⁾	(2)	04/27/2012		М		11,123.4705 0		04	4/15/201	2	(3)	Com		11,	123.4705	\$4.45	53,024	4.8266 ⁽⁴⁾ D			1

Explanation of Responses:

- 1. 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. The Share Units are settled in cash, generally at the time the reporting person ceases to be a Director of the Issuer, unless a qualified election for earlier distribution is made by the
- 2. 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.)
- 3. These Share Units do not expire on a fixed date. Under certain circumstances, the Share Units are subject to forfeiture if the reporting person ceases to be a Director of the issuer before the lapse of restrictions on the Share
- 4. The number of Share Units beneficially owned by the reporting person includes Share Units owned prior to August 15, 1996, which were and continue to be exempt from Section 16 of the Securities and Exchange Act of 1934. The reporting person disclaims any waiver of such exemption.

Remarks:

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

Dan D. Stilwell, Attorney-in-fact 04/27/2012

** 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.