FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number: 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).	

nt to Section 16(a) of the Securities Eycha

Instruc	tion 1(b).			File								es Excnai npany Act			34		<u> </u>			
1. Name and Address of Reporting Person* LANE JEFFREY H						2. Issuer Name and Ticker or Trading Symbol MGIC INVESTMENT CORP [MTG]											icable) or	g Per	rson(s) to Is:	wner
(Last) MGIC PI	,	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 02/10/2008										X Officer (give title below) Other (specify below) Executive Vice President				
250 EAST KILBOURN AVENUE																				
(Street) MILWAUKEE WI 53202					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									Lin	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(S	tate)	(Zip)																	
		Tab	le I - No	n-Deriv	ative	Se	curiti	es A	cqui	ired,	Dis	posed (of, or	3en	eficial	ly Owne	d			
D (2. Transa Date (Month/D		ar) li	2A. Deemed Execution Date, if any (Month/Day/Year)		e,	Code (Instr.		4. Secur Dispose 5)	ities Acc	s Acquired (A) or of (D) (Instr. 3, 4 an		Benefic	es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)
									-	Code	v	Amount	(A (D) or)	Price	Transac (Instr. 3	ction(s)			(111041. 4)
Common	Stock			02/10	/2008	3				F		1,08	7	D	\$15.2	24 13	0,543		D	
		T	Table II -	Derivat (e.g., p												Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemd Execution if any (Month/Da	Date,	4. Transaction Code (Instr 8)		n of l		Expi	ate Exe iration l nth/Day	Date	of Sec Under Deriva		Title and Amount Securities iderlying erivative Security istr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exe	e rcisable		opiration	Title	0 N 0	lumber					
Employee Stock Options (Right to Buy)	\$45.375									(1)	01	/26/2010	Commo		7,550		17,550	1	D	
Employee Stock Options (Right to Buy)	\$57.88									(2)	01	/24/2011	Commo		25,000		25,000	1	D	
Employee Stock Options (Right to Buy)	\$63.8									(2)	01	/23/2012	Commo Stock		10,000		40,000		D	
Employee Stock Options (Right to Buy)	\$43.7									(3)	01	//22/2013	Commo Stock		0,800		10,800		D	

Explanation of Responses:

\$68.2

1. 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)

01/28/2014

- 2. All of these options are vested and exercisable in full.
- 3. One-fifth of these options vest on January 22 of each of the five years beginning in 2004.
- 4. One-fifth of these options vest on January 28 of each of the five years beginning in 2005.

Remarks:

Employee Stock Options

(Right to

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

Dan D. Stilwell, Attorney-in-

27,000

fact

Common

Stock

** Signature of Reporting Person

02/11/2008

27,000

D

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.