FORM 4

Check this box if no longer subject to

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number:	3235-0287					
Estimated average burden						
hours per response:	0.5					

Section obligat	n 16. Form 4 o ions may conti tion 1(b).	r Form 5	• • • •	ed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940											Estimated average burden hours per response:			0.5	
1. Name and Address of Reporting Person <sup>*</sup> Arrigoni Daniel A.							2. Issuer Name and Ticker or Trading Symbol <u>MGIC INVESTMENT CORP</u> [ MTG ]								tionship of Re all applicable Director		Person(	s) to Issuer 10% Ow	
(Last) (First) (Middle) C/O MGIC INVESTMENT CORPORATION 250 EAST KILBOURN AVENUE							3. Date of Earliest Transaction (Month/Day/Year) 02/13/2015							X	Officer (giv below)				
(Street) MILWAUKEE WI 53202							4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Indiv X	<ul> <li>6. Individual or Joint/Group Filing (Check Applicable Line)</li> <li>X Form filed by One Reporting Person</li> <li>Form filed by More than One Reporting Person</li> </ul>				
(City)	(	(State)																	
			Table I - Nor	n-Deri	vative	e S	ecurities A	cquir	red, D	isp	oosed o	of, or	r Bene	eficially O	wned				
1. Title of Security (Instr. 3) Date (Month)						saction 2A. Deemed Execution Date, if any (Month/Day/Year)		e, Tr Co	, Transaction D Code (Instr.			. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5			5. Amount of Securities Beneficially Ov Following Rep Transaction(s)				7. Nature of Indirect Beneficial Ownership (Instr. 4)
								C	ode \	'	Amount		(A) or (D)	Price	(Instr. 3 and				(insu. 4)
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)	4. Transa Code 8)		De Se Ac Dis	Number of crivative curities cquired (A) or sposed of (D) istr. 3, 4 and 5)	Expira	6. Date Exercisable and Expiration Date (Month/Day/Year)				irities Ur	amount of nderlying ecurity (Instr.	8. Price of Derivative Security (Instr. 5)	9. Num derivati Securit Benefic Owned Followi Reporte	ive ies cially ng	10. Ownershij Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)
				Code							xpiration			mount or umber of		Transa (Instr. 4	ction(s)		

Explanation of Responses:

(2)(3)

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.

02/01/2015(4)

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.)

11,862.3962

3. These Share Units are settled in cash, on a specified date, unless a qualified election for later distribution is made by the reporting person.

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4. The converted Share Units were subject to certain restrictions and vested on February 1, 2015 when such restrictions lapsed.

5. 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 Units.

Remarks:

Share

Units<sup>(1)</sup>

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 02/13/2015

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\$<mark>9.0</mark>7

\*\* Signature of Reporting Person Date

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Commor

Stock

(5)

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).

02/13/2015

\*\* 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.