SEC Form 4	
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									

	tions may cont ction 1(b).	inue. See		File							rities Exchar company Act		f 1934			hours	per re	sponse:	0.5	
1. Name and Address of Reporting Person [*] Meade Michael G						or Section 30(h) of the Investment Company Act of 1940 2. Issuer Name and Ticker or Trading Symbol <u>MGIC INVESTMENT CORP</u> [MTG]									5. Relationship of Reporting Person(s) to Issu (Check all applicable) Director 10% Own				wner	
	(First) (Middle) C PLAZA AST KILBOURN AVENUE					3. Date of Earliest Transaction (Month/Day/Year) 01/23/2009										er (give title v) or VP & Chief		Other (below) Info Offic		
(Street) MILWAUKEE WI 53202 (City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(,)				on-Deriv	ative	Sec	uriti	es Ac	quire	d, Di	sposed	of, or B	enefi	cially	/ Owne	d				
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day				tion	on 2A. Deemed Execution Date,				3. 4. Securities Acquired (A) or Transaction Code (Instr.					5. Amou Securitie Benefici Owned F	nt of es ally Following	Forn (D) o	rm: Direct) or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) ((D)	or Pri	се	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Common Stock			01/23/2	2009)09		р		54,584.4	108 A)8 A \$1.8		110,790.4152 ⁽¹⁾			I	By Issuer's Profit Sharing and Savings Plan			
Common Stock														64	,226		D			
		٦	able II	- Derivat											Owned					
1. Title of Derivative Security (Instr. 3)	L. Title of 2. 3. Transaction 3A. Deem Derivative Conversion Date Execution Security or Exercise (Month/Day/Year) if any		emed on Date,	ed 4. 1 Date, Transactio Code (Ins			5. Number 6 Insaction of E			6. Date Exercisable and Expiration Date (Month/Day/Year) (In:			ount a	3. Price of Derivative Security Instr. 5)		Owners Form: Direct (I or Indire (I) (Instr	Ownership	Beneficial Ownershi t (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amo or Num of Shar	ber						
Employee Stock Options (Right to Buy)	\$46.0625								(2)		05/05/2009	Commor Stock	¹ 3,0	00		3,000		D		
Employee Stock Options (Right to Buy)	\$ 45.375								(2)		01/26/2010	Commor Stock	¹ 25,0	000		25,000	D	D		
Employee										Í				Ť					1	

Employee Stock Options (Right to Buy)	\$57.88				(2)	01/24/2011	Common Stock	12,500	12,500	D	
Employee Stock Options (Right to Buy)	\$63.8				(2)	01/23/2012	Common Stock	20,000	20,000	D	
Employee Stock Options (Right to Buy)	\$43.7				(2)	01/22/2013	Common Stock	13,250	13,250	D	
Employee Stock Options (Right to Buy)	\$68.2				(3)	01/28/2014	Common Stock	13,250	13,250	D	

1. Balance as of January 23, 2009.

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

3. One-fifth of these options vest on January 28 of each of the five years beginning in 2005.

Remarks:

The reporting person serves as Senior Vice President - Information Services and Chief Information Officer of the Issuer's principal operating subsidiary, Mortgage Guaranty Insurance Corporation. 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-

Fact

<u>4ttorney-in-</u> <u>01/26/2009</u>

** 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.