FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| <b>STATEMENT</b> | OF CHANGES | IN BENEFICIA | L OWNERSHIP |
|------------------|------------|--------------|-------------|

| l | OMB APPRO              | JVAL      |
|---|------------------------|-----------|
|   | OMB Number:            | 3235-0287 |
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| l | 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)

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* <u>LEHMAN MICHAEL E</u>             |   |  |   |                 | 2. Issuer Name and Ticker or Trading Symbol  MGIC INVESTMENT CORP [ MTG ] |  |          |       |   |      |                       |   |   | lationship o<br>k all applic<br>Directo   | able)   | g Pers   | on(s) to Issi<br>10% Ov                                 |           |  |
|--|---|--|---|-----------------|---|--|----------|-------|---|------|-----------------------|---|---|---|---|--|---|-----------|--|
| (Last) (First) (Middle) C/O MGIC INVESTMENT CORPORATION                      |   |  |   |                 | 3. Date of Earliest Transaction (Month/Day/Year) 09/01/2004               |  |          |       |   |      |                       |   |   | Officer<br>below)   | (give title   |  | Other (s  | pecify    |  |
| 250 EAST KILBOURN AVENUE  (Street)  MILWAUKEE WI 53202  (City) (State) (Zip) |   |  |   | 4. 1            | 4. If Amendment, Date of Original Filed (Month/Day/Year)                  |  |          |       |   |      |                       |   | Line)   | ndividual or Joint/Group Filing (Check Applicable e)  X Form filed by One Reporting Person Form filed by More than One Reporting Person |   |  |   |           |  |
|  |   | Tab  | le I - Non  | -Deriv          | ative   | e Se   | curities | s Acc | quired,   | Disp | osed o                | of, or Be   | nef   | icially   | Owned   |  |   |           |  |
| 1. Title of Security (Instr. 3)  2. Transa Date (Month/D                     |   |  |   | Execution Date, |   | 3. Transaction Code (Instr. 3, 8)  4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) |          |       | 5. Amour<br>4 and Securitie<br>Beneficia<br>Owned F           |      | s<br>ally<br>ollowing | Form<br>(D) or  | . Ownership<br>form: Direct<br>D) or Indirect<br>) (Instr. 4) | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership   |   |  |   |           |  |
|  |   |  |   |                 |   |  | Code     | v     | Amount (A) or (D)   |      | rice                  | Transaction(s)<br>(Instr. 3 and 4)  |   |   |   | (Instr. 4)   |   |           |  |
| Common Stock   |   |  |   |                 |   |  |          |       |   |      |                       |   | 4,7   |   | 749   |  | D   |           |  |
|  |   | ٦  | Fable II - I                                      |                 |   |  |          |       |   |      |                       | or Ben<br>ble secu  |   |   | Owned   |  |   | ·         |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)                          | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution I<br>if any<br>(Month/Day | Date, T         | Code (I   |  |          |       | 6. Date Exercisable ar<br>Expiration Date<br>(Month/Day/Year) |      |                       | 7. Title and Amo<br>of Securities<br>Underlying<br>Derivative Secur<br>(Instr. 3 and 4) |   |   | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Number<br>derivative<br>Securities<br>Beneficiall<br>Owned<br>Following<br>Reported<br>Transactio<br>(Instr. 4) | Owners<br>Form:<br>Direct (I<br>or Indire<br>(I) (Instr | Ownership | Beneficial<br>Ownership<br>ct (Instr. 4) |
|  |   |  |   |                 | Code  | v  | (A)      |       | Date<br>Exercisabl  |      | xpiration<br>ate      | Title   | or<br>Nur<br>of   | ount<br>mber<br>ares  |   |  |   |           |  |
| Share<br>Units <sup>(1)</sup>  | (2)   | 09/01/2004                                 |   |                 | A   |  | 1.4413   |       | (3)   |      | (3)                   | Common<br>Stock   | 1.4   | 413   | (4)   | 1,313.40   | 01  | D         |  |

## **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 acquired through compensation deferral. Dividends which would have been received on shares represented by Share Units are also invested in Share Units. The Share Units are settled in cash, generally at the time the reporting person ceases to be a Director of the Issuer.
- 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
- 3. These Share Units do not become exercisable or expire on a fixed date. (Generally, the Share Units become payable at the time the reporting person ceases to be a Director of the Issuer.)
- 4. These Share Units were acquired through phantom dividend reinvestment and no price was paid by the reporting person for the Share Units.

## 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-

09/01/2004

fact

\*\* 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.