FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

l	OMB APPRO	VAL
	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* KEARNEY DANIEL P					2. Issuer Name and Ticker or Trading Symbol MGIC INVESTMENT CORP [MTG]									ationship k all appli Directo	,				
(Last) (First) (Middle) 13 FLINT STREET					3. Date of Earliest Transaction (Month/Day/Year) 06/09/2004									Officer below)	(give title		Other (s below)	specify	
(Street) MARBLEHEAD MA 01945 (City) (State) (Zip)				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									dividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tab	le I - Nor	-Deriv	ative	e Se	curities	s Acq	uired, C	isp	osed o	of, or Be	enefic	ially	Owned	<u> </u>			
1. Title of Security (Instr. 3)			Date	Date E Month/Day/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Dispose Code (Instr. 5)		rities Acquired (A) o			5. Amou Securition Benefici Owned I Reporte	es Fo ially (D) Following (I)		n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) (D)	Price		Transaction(s) (Instr. 3 and 4)				(111511.4)
Common Stock										8,744			D						
		Т	able II - I						ired, Dis						Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date,	4. Transa Code (1 8)		n of		6. Date Exercisal Expiration Date (Month/Day/Year			le and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		S (I	perivative Decrivative Decurity Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)
				Coc	Code	v	(A)		Date Exercisable	Ex Da	piration te	Title	Amou or Numb of Share	er					
Share Units ⁽¹⁾	(2)	06/09/2004			A		1.994		(3)	T	(3)	Common Stock	1.99	94	(4)	3,987.35	46	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.

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-

06/09/2004

** Signature of Reporting Person

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.