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 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).						led pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940											0.5	
1. Name and Address of Reporting Person [*] KOEPFGEN BRUCE L						2. Issuer Name and Ticker or Trading Symbol <u>MGIC INVESTMENT CORP</u> [MTG]							tionship of R all applicable Director		Person(s) to Issuer 10% Ow		
	ast) (First) (Middle) GIC PLAZA 0 EAST KILBOURN AVENUE					3. Date of Earliest Transaction (Month/Day/Year) 01/24/2011							Officer (giv below)	ve title	e Other (sp below))ecify	
(Street) MILWAUKEE WI 53202						4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Indiv X	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) (State) (Zip)																		
			Table I - Nor	n-Deri	vative	e Securitie	es A	cquired, D	isposed	of, or B	enefi	cially O	wned					
1. Title of Security (Instr. 3) Date (Month				saction 2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Disposed Of (D Code (Instr.			ities Acquired (A) or d Of (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owne Following Reporte Transaction(s)				7. Nature of Indirect Beneficial Ownership			
						Code V	Amoun	t (A (D	or	Price	Instr. 3 and				(Instr. 4)			
								quired, Dis s, options,					ned					
1. Title of Derivative Security (Instr. 3)	tive Conversion Date Execution Date, Transaction ty or Exercise (Month/Day/Year) if any Code (Instr.								Securities Underly Derivative Security 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Num derivat Securit Benefic Owned Followi Report Transa	ive ties cially ing	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownershi (Instr. 4)		
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title		ount or ober of res		(Instr. 4				

Explanation of Responses:

(2)

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. The Share Units are settled in cash, generally at the time the reporting person ceases to be a Director of the Issuer, unless a qualified election for earlier distribution is made by the reporting person

04/01/2012(3)

(4)

Commor

Stock

11.123.4705

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.)

3. These Share Units are subject to certain restrictions and vest when such restrictions lapse. The restictions generally lapse on April 1, 2012.

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4. 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.

5. These Share Units were awarded to the reporting person pursuant to the Issuer's Deferred Compensation Plan for Non-Employee Directors and no price was paid by the reporting person for the Share Units.

Remarks:

Share

Units⁽¹⁾

This Form 4 is being signed and filed on behalf of the reporting person by the reporting person's attorney-in-fact pursuant to a previously filed power of attorney.

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Dan D. Stilwell

** Signature of Reporting Person

01/24/2011 Date

14,651.1087

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\$0⁽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).

01/24/2011

** 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.