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).

	OMB APPROVAL			
STATEMEN	OMB Number:	3235-0287		
• ., <u>_</u>	Estimated average burden			
Filod	hours per response:	0.5		
riieu	pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940			
	2. Issuer Name and Ticker or Trading Symbol	5. Relationship of R	eporting Person(s) to Is	ssuer

1. Name and Address of Reporting Person* LAUER JON MICHAEL					2. Issuer Name and Ticker or Trading Symbol MGIC INVESTMENT CORP [MTG]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify							
(Last) (First) (Middle) MGIC PLAZA						3. Date of Earliest Transaction (Month/Day/Year) 02/10/2009											below) below) Executive VP & CFO					
250 EAST KILBOURN AVENUE					4. If	If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable						
(Street) MILWAUKEE WI 53202														X Form filed by One Reporting Person Form filed by More than One Reporting Person								
(City)	(S	tate)	(Zip)													1 0130						
		Tab	le I - Nor	n-Deriv	ative	Se	curiti	es A	cqui	ired, I	Disp	osed o	of, o	r Ben	eficia	ly Owne	d					
			2. Transaction Date (Month/Day/Year		ur) E	2A. Deemed Execution Date, if any (Month/Day/Year)		e, 7	Transaction Dispose Code (Instr. 5)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			Securiti Benefic Owned	5. Amount of Securities Beneficially Owned Following Reported		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
									(Code	V	Amount		(A) or (D)	Price	Transac (Instr. 3	tion(s)			` '		
Common	Stock			02/10)/2009				_	D		1,620	0	D	\$0	40	5,237		D			
Common	Stock															53,18	2.271 ⁽¹⁾		I	By Issuer's Profit Sharing and Savings Plan		
		Т	able II -													Owned						
1. Title of 2. Security Or Exercise (Month/Day/Year) 3. Transaction 3. A. Deemed Execution Date Tid any 1. The security of Exercise (Month/Day/Year)			4. Transa	5. Number of Fansaction of Derivative (Expiration Date (Month/Day/Year) U			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Flolowing Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)							
					Code	v	(A)	(D)	Date Exer	e rcisable		piration ite	Title	N O	mount r lumber f hares							
Employee Stock Option (Right to Buy)	\$46.025									(2)	05	/05/2009	Com Sto		5,000		25,000	0	D			
Employee Stock Option (Right to Buy)	\$45.375									(2)	01	/26/2010	Com		60,000		50,000)	D			
Employee Stock Option (Right to Buy)	\$57.88									(2)	01	/24/2011	Com		25,000		25,000)	D			
Employee Stock Option (Right to Buy)	\$63.8									(2)	01	/23/2012	Com Sto	imon ock	10,000		40,000)	D			
Employee Stock Option (Right to Buy)	\$43.7									(2)	01	/22/2013	Com		27,000		27,000)	D			
Employee Stock Option (Right to Buy)	\$68.2									(2)	01	/28/2014	Com		27,000		27,000)	D			

- 1. Balance as of December 31, 2008.
- 2. All of these options are vested and exercisable in full.

Remarks:

This form is signed by the reporting person's attorney-in-fact pursuant to a previously filed power of attorney.

Dan D. Stilwell, Attorney-infact 02/10/2009

** 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.