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

🖵 obligat	n 16. Form 4 or ions may contir tion 1(b).			Fil		uant to Section Section 30(h)						f 1934			11	per respo	age burden onse:	0.5
1. Name and Address of Reporting Person <sup>*</sup> <u>Zandi Mark</u>					2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>MGIC INVESTMENT CORP</u> [ MTG ]									all applicable Director	,		, 10% Ow	vner
(Last) MGIC PI 250 EAS	( LAZA T KILBOU	3. Date of Earliest Transaction (Month/Day/Year) 01/24/2011									Officer (giv below)	e title		Other (s below)	pecify			
(Street) MILWAU		₩I State)	53202 (Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Indiv X	ividual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person					
			Table I - Nor	n-Deriv	vative	Securitie	es A	cquired	, Dis	posed o	of, or E	ene	icially O	wned				
Date				2. Trans Date (Month/		Execution (r) if any	2A. Deemed Execution Date if any (Month/Day/Yea		Code (Instr.		4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		6. Own Form: I (D) or II (I) (Inst	Direct ndirect r. 4)	7. Nature of ndirect Beneficial Dwnership
									v	Amount (A) or (D)		Price				(Instr. 4)		
			Table II - I (			Securities calls, war								ned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following		10. Ownershi Form: Direct (D) or Indirect (I) (Instr. 4	11. Nature of Indirect Beneficial Ownershij (Instr. 4)
				Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	Nu	nount or mber of ares		Reported Transaction(s (Instr. 4)			
Share Units <sup>(1)</sup>	(2)	01/24/2011		A		11,123.4705		04/01/201	2(3)	(4)	Commo Stock	<sup>n</sup> 11	,123.4705	\$0 <sup>(5)</sup>	17,988	3.5981	D	
1. The report		ses: icipates in the MGIC																

person.

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 restrictions lapse on April 1, 2012.

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:

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.

Dan D. Stilwell, Attoney-in-Fact 01/24/2011

\*\* 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.