FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

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OMB Number: 3235-0287 Estimated average burden 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).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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*  Karpowicz James A						2. Issuer Name and Ticker or Trading Symbol  MGIC INVESTMENT CORP [ MTG ]										5. Relationship of Reporting Pe (Check all applicable) Director			10% Ov	vner	
(Last) MGIC P	LAZA	IRN AVENUE			3. Date of Earliest Transaction (Month/Day/Year) 06/10/2011										X Officer (give title Other (specify below)  Senior Vice President						
(Street)	(Street) MILWAUKEE WI 53202				_	f Ame	endmen	it, Date	e of C	Original Filed (Month/Day/Year)				Line	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)	(S		(Zip)	. Davis		- 6-	:4:	0		.:	D:			Dan	-6:-:-1	0	•				
Date				2. Tran Date		ar) i	2A. Deemed Execution Date, if any (Month/Day/Year)			3. Transaction Code (Instr.		4. Securities Acquired (A)			(A) or	5. Amou Securitie Beneficie Owned F	nt of es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
										Code	v	Amount		(A) or (D)	Price	Reported Transact (Instr. 3	tion(s)			(Instr. 4)	
Common	Stock			06/1	0/201	1				P		3,351		A	\$5.8	5 160	160,877		D		
Common Stock																837.	837.729 <sup>(1)</sup>		I	By Issuer's Profit Sharing and Savings Plan	
		7	Гable II -									sed of, onverti				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	onversion Exercise (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year)			d 4. Date, Transa Code (I		5. Nu of Deriv Secu Acqu (A) o Dispo	Number f Experience of the countries of		. Date Exercisab Expiration Date Month/Day/Year)		ole and 7. T of S Und		Title and Amount of Securities Underlying Derivative Security Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	Ownershi Form: Direct (D) or Indirect (I) (Instr.		Beneficial Ownership t (Instr. 4)	
					Code	v	(A)	(D)	Dat Exe	e ercisable	E	xpiration ate	Title	0 N	Amount or Number of Shares						
Share Units <sup>(2)</sup>	(3)								02/	10/2012 <sup>(</sup>	4)	(4)	Comi		17,900		17,900	0	D		
Employee Stock Options (Right to Buy)	\$63.8									(5)	0	1/23/2012	Comi		10,000		10,000	0	D		
Employee Stock Options (Right to Buy)	\$43.7									(5)	0	1/22/2013	Comi		7,000		7,000	)	D		
Employee Stock Options (Right to Buy)	\$68.2									(5)	0	1/28/2014	Comi		7,000		7,000	)	D		

### **Explanation of Responses:**

- 1. Balance as of December 31, 2010.
- 2. These Share Units correspond to shares of Common Stock of the Issuer. The Share Units are settled in cash if and when they vest.
- 3. 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 average price of the Issuer's common stock on the New York Stock Exchange over a defined period.)
- 4. One-third of these Share Units vest on February 10 of each of the three years beginning in 2012, subject to the reporting person's continued employment with the Issuer.
- 5. 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.

\*\* 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.