FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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).

Explanation of Responses:

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* PIERZCHALSKI LAWRENCE J						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					
(Last) (First) (Middle) MGIC PLAZA						3. Date of Earliest Transaction (Month/Day/Year) 03/04/2009									below)			below)	· ·	
250 EAST KILBOURN AVENUE						If Amendment, Date of Original Filed (Month/Day/Year)										Joint/Group	Filing	g (Check Ap	plicable	
(Street) MILWAUKEE WI 53202															x Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City) (State) (Zip)															Pelso	11				
		Tab	le I - Nor	n-Deriv	ative	Se	curiti	es Ad	cquired,	Disp	osed o	of, or E	ene	ficiall	y Owne	d				
1. Title of Security (Instr. 3)				2. Transa Date (Month/I		ar) i	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (I			rities Acquired (A) or ed Of (D) (Instr. 3, 4 a				es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount	(A)	or I	Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Common Stock				03/04/2009		9			F		3,67	6)	\$1.87	225	225,193		D		
Common Stock															2.4	2.476 ⁽¹⁾		I	By Issuer's Profit Sharing and Savings Plan	
		T							uired, Di s, option						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/Da	Date,	4. Transa Code (i 8)		n of E		Expiration I	. Date Exercisable and xpiration Date Month/Day/Year)		7. Title and Am of Securities Underlying Derivative Sec (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable		piration ite	Title	or Nui of	ount mber ares						
Employee Stock Option (Right to Buy)	\$46.0625								(2)	05	/05/2009	Commo Stock	25	,000		25,000)	D		
Employee Stock Option (Right to Buy)	\$45.375								(2)	01	/26/2010	Commo Stock	50	,000		50,000)	D		
Employee Stock Option (Right to Buy)	\$57.88								(2)	01	/24/2011	Commo Stock	25	,000,		25,000)	D		
Employee Stock Option (Right to Buy)	\$63.8								(2)	01	/23/2012	Commo Stock	40	,000		40,000)	D		
Employee Stock Option (Right to Buy)	\$43.7								(2)	01	/22/2013	Commo Stock	27	,000		27,000)	D		
Employee Stock Option (Right to	\$68.2								(2)	01	/28/2014	Commo Stock	27	,000		27,000		D		

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

Remarks:

The reporting person serves as Executive Vice President - Risk Management of the Issuer's principal operating subsidiary, Mortgage Guaranty Insurance Corporation. This form is signed by the reporting person's attorney-in-fact pursuant to a previously filed power of attorney.

Dan D. Stilwell, Attorney-in**fact**

03/04/2009

** 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.