FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL								
	OMB Number:	3235-0287							
	Estimated average burd	den							
- 1	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).

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* HAGERTY THOMAS					2. Issuer Name and Ticker or Trading Symbol MGIC INVESTMENT CORP [MTG]								Relationship of the contract o	able)	g Perso	on(s) to Issu 10% Ov	
(Last) (First) (Middle) C/O THOMAS H. LEE COMPANY					3. Date of Earliest Transaction (Month/Day/Year) 09/01/2006								Officer below)	(give title		Other (s below)	pecify
75 STATE STREET					4. If Amendment, Date of Original Filed (Month/Day/Year)							6.	6. Individual or Joint/Group Filing (Check Applicable				
(Street) BOSTON MA 02109												Form fi					
(City)	(S	tate)	(Zip)														
		Ta	ble I - Non-	Deriva	ive S	ecuritie	s Ac	quired,	Dis	osed o	of, or Be	neficial	y Owned				
Date				2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			Beneficia Owned Fe	s Illy ollowing	Form:	Direct Indirect tr. 4)	7. Nature of Indirect Beneficial Ownership
								Code	v	Amount	(A) (D)	Price	Reported Transacti (Instr. 3 a	on(s)			(Instr. 4)
Common Stock								11,	11,899		D						
			Table II - D (e			curities Is, warr		,			,	,	Owned				
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/Ye	Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisa Expiration Date (Month/Day/Yea		of Securities		ties g e Security	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				Code	e V	(A)	(D)	Date Exercisab		xpiration ate	Title	Amount or Number of Shares		(Instr. 4)	0.1(3)		
Share Units ⁽¹⁾	(2)	09/01/2006		A		17.8398		(3)		(3)	Common Stock	17.8398	(4)	4,147.3	912	D	

Explanation of Responses:

- 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 acquired through compensation deferral. Dividends which would have been received on shares represented by Share Units are also invested in Share Units. The Share Units are settled in cash, generally at the time the reporting person ceases to be a Director of the Issuer.
- 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
- 3. These Share Units do not become exercisable or expire on a fixed date. (Generally, the Share Units become payable at the time the reporting person ceases to be a Director of the Issuer.)
- 4. These Share Units were acquired through phantom dividend reinvestment and no price was paid by the reporting person for the Share Units.

Remarks:

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

<u>Dan D. Stilwell, Attorney-in-fact</u> <u>09/05/2006</u>

** 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.