FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number: 3235-028									
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).

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* <u>ABBOTT JAMES A</u>						2. Issuer Name <b>and</b> Ticker or Trading Symbol MGIC INVESTMENT CORP [ MTG ]									ck all app	,		o Issuer % Owner
(Last) (First) (Middle) 138-12 CHEROKEE ROAD					3. Date of Earliest Transaction (Month/Day/Year) 05/28/2004									Offic below	er (give title w)		Other (specify below)	
(Street) CHARL(		E NC 28207 (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year)								Forn	al or Joint/Group Filing (Check Applicable orm filed by One Reporting Person orm filed by More than One Reporting erson		
		Tabl	e I - Non	-Deriva	ative	Sec	curitie	s Acc	quired,	Dis	posed o	f, or E	Bene	ficiall	y Own	ed		
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)					Execution Date,		3. Transaction Disposed 5)					Securi Benefi	cially I Following	6. Ownershi Form: Direc (D) or Indire (I) (Instr. 4)	of Indirect			
									Code	v	Amount	(A (D	or	Price	Transa	action(s) 3 and 4)		(111511.4)
Common Stock 05/28/2					/2004		S		1,200	) D		\$72.9	1	14,839				
		Та	ıble II - D (e								sed of, onvertib				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/Day	Date,	4. Transactic Code (Inst				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		D S (I	Price of erivative ecurity istr. 5)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ct (Instr. 4)
					Code	ode V (A)		(D)	Date Exercisal		Expiration Date	Title	Amo or Num of Shar	ber				

**Explanation of Responses:** 

## Remarks:

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

Dan D. Stilwell, Attorney-infact 05/28/2004

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.