## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number:	3235-0287						
Estimated average burden							

0.5

hours per response:

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 S	Sect	ion 30(h	) of the	Invest	tment	Con	npany Act	of 194	10							
1. Name and Address of Reporting Person* <u>LAUER JON MICHAEL</u>					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  V Officer (give title Other (specify					
(Last) (First) (Middle) MGIC PLAZA 250 EAST KILBOURN AVENUE					of Earlie	est Trar	nsactio	n (Mor	nth/E	Day/Year)		X Ollicer (give title Other (specify below)  Executive VP & CFO									
(Street) MILWAUKEE WI 53202				4. If	f Am	endmen	t, Date	of Orio	ginal F	iled	(Month/D		Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting								
(City)	(S	state)	(Zip)														Person				
		Tab	le I - No	n-Deriv	ative	Se	curiti	es A	cquir	ed, C	Pisp	osed o	of, oı	Ber	eficia	lly Own	ed				
1. Title of Security (Instr. 3)			2. Transa Date (Month/D		ar)	2A. Deemed Execution Date, if any (Month/Day/Year)		Co	Transaction Code (Instr.						Benefi Owned	ties cially Following	Forn (D) o	Ownership rm: Direct ) or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
								ode V		Amount		(A) or (D) Price		Transa	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)			
Common Stock Common Stock			02/10/2012 02/10/2012						D		10,80	00	D	\$00	1) 70	709,965		D			
							1	D		1,620	0	D	\$00	1) 7	708,345		D				
Common Stock		02/10/2012		2				F		11,63	7	7 D		65 69	96,708		D				
Common Stock															53,2	74.995 <sup>(2)</sup>	]	I	By Issuer's Profit Sharing and Savings Plan		
		7		Derivat (e.g., p												y Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	ed 4	4. Transactio Code (Inst 8)		5. Nu of Deriv Secu Acqu (A) o Disp of (D	vative virties uired or osed or	6. Dat		cisal ate	ble and	7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		Amount s Security	8. Price o Derivative Security (Instr. 5)		illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerc	isable	Ex Da	xpiration ate	Title		Amount or Number of Shares						
Employee Stock Option (Right to Buy)	\$43.7								(3	3)	01	/22/2013	Comi		27,000		27,000	0	D		
Employee Stock Option	\$68.2								(3	3)	01	./28/2014	Comi	non	27,000		27,00	0	D		

## **Explanation of Responses:**

- 1. These restricted shares were forfeited by the reporting person pursuant to the terms and conditions under which they were granted to the reporting person. No price was paid or received by the reporting person in connection with this forfeiture
- 2. Balance as of December 31, 2011.
- 3. All of these options are vested and exercisable in full.

## Remarks:

(Right to Buy)

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-

02/10/2012

Stock

\*\* 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.	