SEC Form 4	
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-0287									
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hours per response.	0.5									

Section obligat	this box if no lo n 16. Form 4 or ions may conti tion 1(b).	onger subject to Form 5 nue. See	STA		iled pu	rsuant to Section 30(h)	on 16(a) of the Se	ecuriti	es Exchanç	ge Act of		RSHIP		Estima	Number: ated avera per respo	ige burden nse:	3235-0287 0.5	
1. Name and Address of Reporting Person [*] Nicolaisen Donald T					2. Issuer Name and Ticker or Trading Symbol <u>MGIC INVESTMENT CORP</u> [MTG]														
(Last)(First)(Middle)MGIC PLAZA250 EAST KILBOURN AVENUE					3. Date of Earliest Transaction (Month/Day/Year) 01/30/2012									Officer (give title Other (spec below) below)				ѕреспу	
(Street) MILWA		WI State)	53202 (Zip)		4. lf	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Indivi X	vidual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person						
			Table I - No	n-Der	ivativ	/e Securitie	s Ad	cauired.	Disi	oosed of	f. or B	enefi	cially Ow	ned					
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date,		3. Transaction Code (Instr. 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a) or	or 5. Amount o and 5) Securities Beneficially Following R		Owned or Indireported (Instr. 4		7. Nature of Indirect Beneficial Ownership				
									v	Amount	Amount (A) or (D)		Price	Transaction((Instr. 3 and				(Instr. 4)	
Common Stock												66,399			D				
						Securities , calls, war								ed					
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/Year)	4. Transa Code 8)		5. Number of Derivative Securities Acquired (A) of Disposed of (I (Instr. 3, 4 and	rivative curities quired (A) or sposed of (D)		6. Date Exercisa Expiration Date (Month/Day/Yea		7. Title and Amour Securities Underly Derivative Security 3 and 4)		lerlying	8. Price of Derivative Security (Instr. 5)	9. Num derivat Securit Benefic Owned Followi Report	ive ties cially ing	10. Ownersh Form: Direct (D or Indired (I) (Instr.	Beneficial Ownership t (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	Nu	ount or mber of ares		Transa (Instr. 4	ction(s)			
Share Units ⁽¹⁾	(2)	01/30/2012		A		25,316.4557 ⁽³⁾		02/01/2013	3 ⁽⁴⁾	(5)	Commo Stock		,316.4557	\$0 ⁽⁶⁾	54,40	7.6332	D		
 The report awarded to the 2. These Shates These Shates The Shares 	ne reporting pe re Units do not re Units are se Units awarded	ticipates in the MGIC rson. have a specified dol ttled in cash, on a spe on this transaction d	Investment Corpora lar-denominated exer cified date, unless a c ate are subject to cert ie. Under certain circ	cise or c qualified ain restr	onversi electio	on price. (Their v n for later distrib and vest when s	value i ution i uch res	s based, on a s made by th strictions lap	i one-f ne repo se. Th	or-one basis orting person e restriction	s, on the p n. s lapse or	orice of t n Februa	the Issuer's coury 1, 2013.	ommon stock o	on the Ne	w York S	tock Excha	nge.)	

6. These Share Units were awarded to the reporting person pursuant to the Issuer's Deferred Compensation Plan for Non-Employee Directors 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.

Dan D. Stilwell, Attorney-in-Fact 01/30/2012

** 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.