FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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l	OMB APPROVAL								
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	Check this box if no longer subject to
\neg	Section 16. Form 4 or Form 5
\cup	obligations may continue. See
	Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

	nd Address of RTY THO	Reporting Person*		2. Issuer Name and Ticker or Trading Symbol MGIC INVESTMENT CORP [MTG]								neck all appli X Directo	10	Person(s) to Issuer 10% Owner			
(Last)	`	rst) EE COMPANY		3. Date of Earliest Transaction (Month/Day/Year) 12/03/2007								Officer below)	(give title	give title Other (sp below)		pecify	
75 STAT	E STREET			4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) BOSTON MA 02109													X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City) (State) (Zip)																	
		Tab	le I - Non-	-Derivati	ive Se	curities	s Acc	quired, I	Disp	osed c	f, or Be	neficia	ly Owned	l			
1. Title of Security (Instr. 3) 2. Transa Date (Month/Date)					Execution Date,		Code (Instr. 5)				Benefici Owned F	es ally Following	6. Ownershi Form: Direc (D) or Indire (I) (Instr. 4)	t of ct B	7. Nature of Indirect Beneficial Ownership		
						Code V		Amount	(A) o	Price	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)		
Common	Stock										14	,240	D				
		٦	Fable II - D	erivativ				,				-	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 Day if any (Month/Day/	ate, Trar	nsaction le (Instr.	n of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Owne Form: Direct or Ind (I) (Ins	(D)	Beneficial Ownership (Instr. 4)
				Cod	le V	(A)		Date Exercisabl		expiration Date	Title	Amount or Number of Shares					
Share Units ⁽¹⁾	(2)	12/03/2007		А	\top	7.1114		(3)		(3)	Common Stock	7.1114	(4)	6,697.580)7 E		

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 Exchange.)
- 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.

Dan D. Stilwell, Attorney-infact 12/03/2007

** 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.