FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL
OMB Number: 3235-0287
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0.5

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Check this box if no longer subject to	STATEMEN
Section 16. Form 4 or Form 5 obligations may continue. See	
Instruction 1(b).	Filed

# STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

ed pursuant to Section 16(a) of the Securities Exchange Act of 1934

			01 000			party / lot of 1040						
1. Name and Address of Reporting Person* <u>Arrigoni Daniel A.</u>				Name <b>and</b> Ticker of <b>INVESTME</b>			5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
							X	Director	10% C	Owner		
,	P							Officer (give title		(specify		
(Last) (First) (Middle)			3. Date of	f Earliest Transacti	on (Month/Day	r/Year)	1	below)	below)			
C/O MGIC INVESTMENT CORPORATION				016								
250 EAST KILB	OURN AVEN	IUE										
(Street)			4. If Amer	ndment, Date of Or	iginal Filed (M	onth/Day/Year)		idual or Joint/Group I		,		
MILWAUKEE	WI	53202						Form filed by One				
								Form filed by More	e than One Repor	ting Person		
(City)	(State)	(Zip)										
(City)	(State)	(Ziþ)										
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned												
1. Title of Security (Instr. 3) 2. Tran Date			2. Transaction Date	2A. Deemed Execution Date,	3. Transaction	4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4		5. Amount of Securities	6. Ownership Form: Direct	7. Nature of Indirect		

	Date (Month/Day/Year)	Execution Date, if any (Month/Day/Year)	Code (Instr.					Following Reported	Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)
Common Stock								20,000	Ι	By Family Trust

### Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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 (l 8)	ction	Derivative Exp		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	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Reported Transaction(s) (Instr. 4)		
Share Units <sup>(1)</sup>	(2)	02/16/2016		D			11,135.8575	(3)	(3)	Common Stock	11,135.8575	\$6.46	17,667.8445	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 awarded to the reporting person.

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 expire on a fixed date, except that the Share Units are settled in cash ten business days after February 1st of the year after they were awarded, unless a qualified election for later distribution is made by the reporting person.

#### 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 02/16/2016

\*\* 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.