FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

OMB Number:	3235-0287
Estimated average burden	
hours per response:	0.5

Section obligat	this box if no lo n 16. Form 4 or ions may contin tion 1(b).		STAT		ed pursi	uant to Secti	on 16	G(a) of the Serie Investment	curiti	es Exchar	nge Act of		ERSHIF		Estima	Number: ated avera per respo	age burden inse:	3235-0287 0.5
	nd Address of	Reporting Person [*]	2. Issuer Name and Ticker or Trading Symbol <u>MGIC INVESTMENT CORP</u> [MTG]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner							
(Last) (First) (Middle) C/O MGIC INVESTMENT CORPORATION 250 EAST KILBOURN AVENUE						3. Date of Earliest Transaction (Month/Day/Year) 01/26/2015							_	Officer (give title Other (speci below) below)				
(Street) MILWAUKEE WI 53202			53202		4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Indiv X	 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person 					
(City)	(State)	(Zip)															
			Table I - Nor	-Deriv	vative	Securitie	es A	cquired,	Dis	oosed o	of, or B	enefi	cially Ov	vned				
1. Title of Security (Instr. 3) 2. Trans Date (Month/					action Day/Yea	Executio r) if any	2A. Deemed Execution Date, if any (Month/Day/Yea		tion Istr.				5. Amount o Securities Beneficially Following R	Owned eported	6. Own Form: I (D) or II (I) (Inst	Direct ndirect r. 4)	7. Nature of Indirect Beneficial Ownership	
									Code V		t (A) or (D)		Price	Transaction (Instr. 3 and				(Instr. 4)
			Table II -					quired, Di ts, option						ned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	e (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Code (Instr. 5 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) Instr. 3, 4 and 5)		6. Date Exercisa Expiration Date (Month/Day/Year			7. Title and Amou Securities Underl Derivative Securi 3 and 4)		erlying	8. Price of Derivative Security (Instr. 5)	9. Numl derivati Securiti Benefic Owned Followi Reporte	ve es ially ng	10. Ownershi Form: Direct (D) or Indirect (I) (Instr. 4	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title		ount or Iber of res		Transac (Instr. 4	ction(s)		
Share Units ⁽¹⁾	(2)(3)	01/26/2015		A		11,135.8575		02/01/2016 ⁽⁴	4)	(5)	Commor Stock	11,	135.8575	\$0 ⁽⁶⁾	22,998	3.2537	D	
 The report are awarded These Sha These Sha These Sha The conve 	to the reporting re Units do not re Units are set rted Share Uni	ticipates in the MGIC	ar-denominated exer cified date, unless a in restrictions and ve	cise or c qualified st on Fel	onversio election oruary 1,	n price. (Thei for later distr 2016 when sı	r valu ibutio uch re	e is based, on a n is made by th strictions lapse	a one- he rep e.	-for-one ba porting pers	sis, on the son.	price of	the Issuer's	common stoc	ς on the Ν	Jew York	Stock Excl	hange.)

5. These Share Units do not expire on a fixed date. Under certain circumstances, the Share Units are subject to forfeiture if the reporting person ceases to be a Director of the issuer before the lapse of restrictions on the Share Units. 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 01/28/2015

** 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.