FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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

| Name and Address of Reporting Person* Roza Scott | | | | | | | 2. Issuer Name and Ticker or Trading Symbol Guidewire Software, Inc. [GWRE] | | | | | | | | | | | | son(s) to Iss 10% Ov Other (s | vner |
|--|--|------------|-------|-------|------------|--|--|-----|------------|----------------------------------|---------|--|---------|--|-----------------------|---|--|---|---|--|
| (Last) 1001 E. I | st) (First) (Middle) 01 E. HILLSDALE BLVD., SUITE 800 | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/04/2017 | | | | | | | | | | ow) below) Chief Business Officer | | | |
| (Street) FOSTER | reet) OSTER CITY CA 94404 | | | | - 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting | | | | |
| (City) | (| State) | (Zip) | | | | | | | | | | | | | Person | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | - 1 | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | | Benefic Owned | es For ially (D) Following (I) (I | | n: Direct r Indirect istr. 4) | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | Code | v | Amount | () | A) or 1 | Price | Transac | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | | | |
| Common Stock 04/04 | | | | | | 7 | | | | M | | 94 | | A | \$45.2 | .7 8 | 894 | | D | |
| Common Stock 04/04/ | | | | | | 7 | | | | S ⁽¹⁾ | | 94 | | D | \$57. | 5 8 | 800 | | D | |
| Common Stock | | | | | | | | | | | | | | | | 5 | 500 | | | by Spouse |
| 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) | ative Conversion Date Execution Date ity or Exercise (Month/Day/Year) if any | | | Date, | Code (Inst | | n of | | | Date Exe piration onth/Day | Date | Amount o | | nt of ties ying tive Sec | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | у | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Dat Exe | te ercisable | | piration ate | Title | or Nu of | nount mber ares | | | | | |
| Non- Qualified Stock Option | \$45.27 | 04/04/2017 | | | M | | | 94 | | (2) | 09 | /04/2024 | Comm | | 94 | \$0.0 | 750 | | D | |

Explanation of Responses:

buy)

- 1. Automatic option exercise and sale pursuant to a 10b5-1 trading plan adopted by the Reporting Person on December 22, 2016.
- 2. When both ISO and NQ Stock Options granted on September 4, 2014 are combined, they vest over four years as follows: 1/48 of the underlying shares vest monthly following the vesting commencement date of September 4, 2014, subject to the Reporting Person's continuous service.

By: Winston King Attorney in Fact For: Scott A. Roza

04/05/2017

** 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.