FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | | | | |
|--------------|--|----------|--|--|--|--|--|--|--|--|--|
| OMB Number: | | 3235-028 | | | | | | | | | |
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| 027 | | | | | | |
|--------------------------|-----|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | |
| Estimated average burden | | | | | | |
| hours per response: | 0.5 | | | | | |

| Name and Address of Reporting Person* Kheirolomoom Ali | | | | | | 2. Issuer Name and Ticker or Trading Symbol Guidewire Software, Inc. [GWRE] | | | | | | | | | k all ap _l Dire | olicable) | | Issuer Owner r (specify | |
|--|--|---|-----------|--------------------------------|--|---|---|-------------------------|---|--------|---|---------|--------------|--|---|---|--|---|--|
| (Last) 1001 E. I | (Last) (First) (Middle) 1001 E. HILLSDALE BLVD., SUITE 800 | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/17/2017 | | | | | | | | | below) below) Chief Product Officer | | | |
| (Street) FOSTER (City) | FOSTER CITY CA 94404 | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | dividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| | | Ta | ble I - N | on-Deriv | /ative | Sec | uritie | s Ac | quirec | l, Di | sposed o | f, or E | Benefi | cially | Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Train Date (Monti | | | | | Exe | | 2A. Deemed Execution Date, f any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a | | | and 5) Secu Bend Own | | icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | Code | v | Amount | (A) o | Pric | e | | action(s) 3 and 4) | | (Instr. 4) | | |
| Common Stock | | | | 03/17/2017 | | | | | S ⁽¹⁾ | | 215 | D | \$5 | \$56.48 | | 5,520 | D | | |
| Common Stock | | | | 03/17/ | 03/17/2017 | | | | S ⁽¹⁾ | | 1,381 | D | \$56 | \$56.4804 | | 4,139 | D | | |
| Common Stock | | | | | 2017 | | | | S ⁽¹⁾ | | 323 | D | \$56 | \$56.4806 | | 3,816 | D | | |
| Common Stock 03/17/ | | | | | 2017 | 2017 | | | S ⁽¹⁾ | | 215 | D | \$56 | \$56.4802 | | 3,601 | D | | |
| | 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 |) if any | emed on Date, (Day/Year) | Date, Code (Instr. 8) Transaction Code (Instr. 8) Derivat Acquire (A) or Disposo of (D) (Instr. 3 and 5) | | ative rities ired osed | 6. Date Expirat (Month) | ion Da /Day/Y | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of | | Der Sec (Ins | rice of ivative curity tr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |

Explanation of Responses:

1. Shares sold by Issuer to cover taxes associated with settlement of Restricted Stock Units.

By: Winston King Attorney in Fact For: Ali Kheirolomoom

03/17/2017

** 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.