FORM 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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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(h)

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APP	ROVAL							
OMB Number:	3235-0362							
Estimated average	burden							
hours per response: 1.0								

Form 3 Holdings Reported.

Form 4 Transactions Reported.

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10

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* Lavin Paul					2. Issuer Name and Ticker or Trading Symbol Guidewire Software, Inc. [GWRE]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
(Last) (First) (Middle) C/O GUIDEWIRE SOFTWARE, INC. 970 PARK PL, SUITE 200					3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 07/31/2024							Officer (give title below) Officer (specify below)							
970 PAR	CK PL, S	5011	E 200		4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) SAN MATEO CA 94				94403									Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	te)																		
			Table	e I - Non-Deriva	ative Secur	rities	Acqui	red, Dis	posed	of, o	r Benef	icial	ly Own	ed					
1. Title of Security (Instr. 3))	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		ransactio	n Of (D)	4. Securities Acquired (A) or Disp Of (D) (Instr. 3, 4 and 5)				Securitie Benefici	eficially		rship : Direct	7. Nature of Indirect Beneficial		
					(монти/рау/те	ear) 8))	Amou	nt	(A) or (D)) or Price		Issuer's Fiscal				Ownership (Instr. 4)		
Common Stock				12/21/2023	G		3,	736	D	\$0		2,280(1)		D					
Common Stock				12/21/2023	G		3,	736	A	\$0		10,305(1)		I		by Trust ⁽²⁾			
			Та	ıble II - Derivat (e.g., pı	ive Securit uts, calls, v								Owne	d					
Security or Exe (Instr. 3) Price of		onversion r Exercise rice of erivative		3. Transaction Date Execution Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year)		Transaction of Ex		piration D	ate Exercisable and iration Date nth/Day/Year) 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)			8. Price of Derivative Security (Instr. 5)		9. Numbe derivative Securitie Beneficia Owned Following Reported Transacti (Instr. 4)	e s ally g	Ownership Form: Direct (D) or Indirect (I) (Instr. 4		1. Nature f Indirect eneficial wnershi nstr. 4)	
					1 1						Amou	nt							

Explanation of Responses:

1. The numbers of shares owned directly and indirectly have been adjusted to reflect: (i) 9,297 of these shares were previously reported as indirectly beneficially owned by the Trust but were subsequently contributed to the Paul E. and Luann K. Lavin Trust U/A DTD 5-9-07 (the "Trust"), of which the Reporting Person and his spouse are co-trustees and co-beneficiaries; and (ii) 3,539 of these shares were previously reported as directly held but were subsequently contributed to the Trust.

Date

2. These shares are held in the Paul E. and Luann K. Lavin Trust U/A DTD 5-9-07 of which the Reporting Person and his spouse are co-trustees and co-beneficiaries.

Remarks:

By: Winston King, Attorneyin-Fact for Paul Lavin

Number

09/13/2024

octly

** 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.