## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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

Name and Address of Reporting Person*     Conway Craig						2. Issuer Name <b>and</b> Ticker or Trading Symbol Guidewire Software, Inc. [ GWRE ]										neck all a	tionship of Reporting all applicable) Director			son(s) to Is	
(Last) (First) (Middle) 1001 E. HILLSDALE BLVD., SUITE 800						3. Date of Earliest Transaction (Month/Day/Year) 01/16/2018											fice low	(give title		Other ( below)	specify
(Street) FOSTER CITY CA 94404					4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Lir	ie) <mark>X</mark> Fo	ridual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person				
(City)	(:	State)	(Zip)	n Dori	.coti::co			ioo A		i	Dia		of or	. Dos	aoficio	Illy Ow		<u>.</u>			
Table I - Non-Deriva  1. Title of Security (Instr. 3)  2. Transar Date (Month/Da					saction		2A. Deemed Execution Date, if any (Month/Day/Year)			3. Transac	ction	4. Securities Acquired (A)			d (A) or	5. Amount of 4 and Securities Beneficially Owned Following Reported		int of es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)
											v	Amount	: [	(A) or (D)	Price			tion(s)			
Common	Stock			01/1	6/2018					М		300		A	\$45	.8	10	),893		D	
Common Stock 01/10						8				S <sup>(1)</sup>		300		D	\$77.	9 10		0,593		D	
Common Stock 01/16					6/2018	8				S <sup>(2)</sup>		300		D \$77.		99 10		,293	D		
			Table II -							ired, D option						/ Own	ed				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deem Execution if any (Month/D	ned n Date,	4. Transaction Code (Instr 8)		5. Number of			. Date Exe xpiration Month/Day	rcisa Date	ble and	7. Title and Amount of Securities Underlying Derivative Sec (Instr. 3 and 4)		Security	Derivat Securit	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	is illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
						ode V		(D)		)ate Exercisable		xpiration ate	Title		Amount or Number of Shares						
Non- Qualified Stock Option (right to	\$45.8	01/16/2018			M			300		(3)	12	2/05/2023	Comr		300	\$0.0		3,719		D	

## **Explanation of Responses:**

- 1. Automatic option exercise and same day sale pursuant to a 10b5-1 trading plan adopted by the Reporting Person on January 12, 2017.
- $2.\ Automatic \ sale\ pursuant\ to\ a\ 10b5-1\ trading\ plan\ adopted\ by\ the\ Reporting\ Person\ on\ January\ 12,\ 2017.$
- 3. These stock options vest over 12 months of continuous service as follows: 1/12th of the underlying options vest monthly following the vesting commencement date of December 5, 2013. However, if the Reporting Person's term of board service ends at the next annual meeting of stockholders and the Reporting Person does not stand for reelection but remains in service through such annual meeting of stockholders, then the Reporting Person shall vest in all underlying options at the time of the next annual shareholder meeting if such meeting occurs before December 5, 2014.

By: Winston King Attorney in Fact For: Craig Conway

01/17/2018

\*\* 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.