FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL OMB Number: 32350104 Estimated average burden hours per response: 0.5

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

1. Name and Address of Reporting Person* Ramanathan Rajani	2. Date of Event Requiring Statement (Month/Day/Year) 06/09/2021	3. Issuer Name and Ticker of Guidewire Softwar		
(Last) (First) (Middle) C/O GUIDEWIRE SOFTWARE, INC.		Relationship of Reporting Issuer (Check all applicable) X Director	Person(s) to 10% Owner	If Amendment, Date of Original Filed (Month/Day/Year) Individual or Joint/Group Filing
2850 S DELAWARE STREET, S-400		Officer (give title below)	Other (specify below)	(Check Applicable Line)
(Street) SAN MATEO CA 94403				Person Form filed by More than One Reporting Person
(City) (State) (Zip)				
Table I - Non-Derivative Securities Beneficially Owned				
4. Title of Consumity (for store)		2. Amount of Securities	3. Ownership	4. Nature of Indirect Beneficial
1. Title of Security (Instr. 4)		Beneficially Owned (Instr. 4)	Form: Direct (D) or Indirect (I) (Instr. 5)	Ownership (Instr. 5)
		Beneficially Owned (Instr.	Form: Direct (D) or Indirect (I) (Instr. 5)	, ,
,		Beneficially Owned (Instr. 4) ve Securities Beneficia ants, options, converti	Form: Direct (D) or Indirect (I) (Instr. 5) Illy Owned ble securitie	5. 6. Nature of Indirect Beneficial Ownership (Instr.

Explanation of Responses:

No securities are beneficially owned.

/s/ Winston King, Attorney-in-Fact

06/09/2021

** 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 5 (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.