FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	D.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number: 3235-0287									
Estimated average burden									
hours per response:									

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

1. Name and Address of Reporting Person*  Miller Mark					2. Issuer Name <b>and</b> Ticker or Trading Symbol Goosehead Insurance, Inc. [ GSHD ]										ationship k all app Direc	licable)	ng Per	rson(s) to Is	
(Last) 1500 SO	( LANA B	First)	(Middle)			te of E 6/202		Trans	saction (Month/Day/Year)					X	Office below	cer (give title w) President and		Other (specify below)	
BUILDING 4, SUITE 4500						4. If Amendment, Date of Original Filed (Month/Day/Year)								S. Indi	,				
(Street) WESTL	AKE 1	X	76262												Form filed by More than One Reporting Person				orting
(City)	(	State)	(Zip)		Rule 10b5-1(c) Transaction Indication														
					Check this box to indicate that a transaction was made pursuant to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Ir														
		Tab	e I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or Be	enefic	ially	Own	ed			
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day)				Execution (ay/Year) if any		ution [	ution Date,				es Acquired (A) Of (D) (Instr. 3,		and Secur Benef		ies ially Following	Form (D) o	n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	v	Amount	(A) or (D)	Price	9		ction(s)			(	
Class A Common Stock 02/26/2					2024			P		2,500	A	\$73	3.71	71 17,500			D		
Class A Common Stock 02/26/2				2024				P		2,500	A	\$	74	20,000			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. Conversio or Exercis Price of Derivative Security		) if any	emed ion Date, n/Day/Year)	4. Transa Code ( 8)				6. Date Exercisable an Expiration Date (Month/Day/Year)		ite	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		Der Sec (Ins	Price of rivative curity str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code V		(A)	(D)	Date Exercisable		Expiration Date		Number of						

Explanation of Responses:

Remarks:

/s/ John O'Connor, as Attorney-in-Fact for Mark

02/27/2024

Miller

\*\* Signature of Reporting Person

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).