FORM 4

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

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-0287									
Estimated average burden										
hours nor roomanas:	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*  Coleman Desiree						2. Issuer Name <b>and</b> Ticker or Trading Symbol Goosehead Insurance, Inc. [ GSHD ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director X 10% Owner							
															Directo		X		·		
(Last)	ast) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 02/05/2024							Officer (give title below)  Officer (give title below)  Other (specify below)							
C/O GOOSEHEAD INSURANCE, INC.														Member of 10% owner group							
1500 SOLANA BLVD., BLDG 4, STE 4500					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line)							
(0)														χ̈́	Form f	iled by One	Repo	orting Perso	n		
(Street) WESTL	AKE TX 76262														Form filed by More than One Reporting Person						
(City)	Rı	Rule 10b5-1(c) Transaction Indication																			
	X	Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.																			
		Tab	le I - No	on-Deriv	ative	Sec	uriti	ies Ac	quired	l, Di	sposed o	of, or Be	neficia	lly O	wned	l					
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day						Execution Da		n Date,	3. Transaction Code (Instr. 8)				d (A) or r. 3, 4 and	5) Se Be	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price	Tr		etion(s) and 4)			(Instr. 4)		
Class B Common Stock 02/05/2						024			C 8		8,952	D	\$0		238,724			D			
Class A Common Stock 02/05/20						024			С		8,952	A	\$0	0 8		3,952		D			
Class A Common Stock 02/05/20						2024			S		8,952	D	\$80.03	0		0	D				
		Т	able II								oosed of converti			y Ow	ned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deer Execution if any (Month/I	on Date,	4. Transaction Code (Instr. 8)		5. Number of		6. Date Exercisable and Expiration Date (Month/Day/Year)		te	7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4)		Deriv Secu	Price of rivative curity str. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly Own Forn Dire- or In (I) (II	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amount or Number of Shares								
LLC Units												Class A									
in Goosehead	\$0	02/05/2024			С			8.952	(2)		(2)	Class A Common	8.952	s	0	238.72	4 l	D			

- 1. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$80.00 to \$80.10, inclusive. The reporting person undertakes to provide to the issuer, any security holder of the issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote to this Form 4.
- 2. Each LLC Unit, together with a share of Class B Common Stock, may be converted by the holder into one share of Class A Common Stock at any time. The LLC units do not expire.

## Remarks:

Financial,

/s/ John O'Connor, as Attorneyin-Fact for Desiree Coleman

\*\* 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.