FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Nashington, | D C | 20540 |
|--------------|------|-------|
| wasiiiigton, | D.C. | 20048 |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|
| 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 | | | | | | | | |
|---|---|--|--|--|--|--|--|--|--|
| J | obligations may continue. See Instruction 1(b). | | | | | | | | |

| Instructi | ion 1(b). | nuc. See | | File | | t to Section 16(a tion 30(h) of the | | | | | | 4 | | nours | perres | sponse: | 0.5 |
|--|---------------|----------|--|--|--|--|-------|---------------------------------|---|---|-----------------------|--|--|--|-----------------------------------|------------|-----|
| 1. Name and Address of Reporting Person* Miller Mark | | | | 2. Issuer Name and Ticker or Trading Symbol Goosehead Insurance, Inc. [GSHD] | | | | | (Che | Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | | | |
| (Last) 1500 SOI | (F LANA BL | / | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 01/02/2024 | | | | | _ ; | below) | (give title Presiden | t and | Other (below) | | | |
| BUILDING 4, SUITE 4500 | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | | |
| (Street) WESTLA | AKE T. | X | 76262 | | | | | | | | | 2 | _ | led by Mor | ne Reporting Persore than One Rep | | |
| (City) | (S | tate) | (Zip) | | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | | |
| | | | | | 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 - Nor | ı-Deriv | ative Se | curities Ac | quire | d, Dis | posed c | of, or | Bene | eficiall | y Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Trans: Date (Month/L | | | action Day/Year) | ar) 8, 3. 4. Securi Disposed 5) | | | | | | 5. Amour Securitie Beneficia Owned F | s ally ollowing | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | Cod | le V | Amount | (4 | (A) or (D) | Price | Transact | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | |
| | | • | | | | urities Acq ls, warrants | | | | | | | Owned | | | | |
| Derivative Conversion Date Execution Date, or Exercise (Month/Day/Year) if any | | Date, T | ransaction Code (Instr. | | Expiration Date of Securit (Month/Day/Year) Underlying | | | curities erlying rative S | ecurity | Derivative Security urity (Instr. 5) | | 9. Number of derivative Securities Beneficially Owned Following Reported | | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |

Explanation of Responses:

\$80.97

1. One third (1/3rd) of the shares subject to the option shall vest and become exercisable, subject to continued employment, on each of the first, second and third anniversaries of the grant date; provided that, all shares subject to the option will vest and become exercisable if, within six months following a "change in control" (as defined in the issuer's omnibus incentive plan), Mr. Miller's employment is terminated without "cause" or for "good reason" (each as defined in either Mr. Miller's option award agreement or the issuer's omnibus incentive plan).

Date (D)

Exercisable

(1)

Expiration Date

01/02/2034

Title

Class A

Common Stock

Remarks:

Employee Stock Options (right to

buy)

/s/ John O'Connor, as Attorney-01/04/2024 in-Fact for Mark Miller

Amount Number

Shares

80,000

\$<mark>0</mark>

** Signature of Reporting Person

Date

Transaction(s) (Instr. 4)

80,000

D

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).

01/02/2024

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

Code

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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.

of (D) (Instr. 3, 4 and 5)

(A)

80,000