FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL									
	OMB Number: 3235-028 Estimated average burden									
	hours per response:	0.5								

obligations may continue. See Instruction 1(b).	d pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940					
	2. Issuer Name and Ticker or Trading Symbol Goosehead Insurance, Inc. [GSHD]	5. Rela (Check				

1. Name and Address of Reporting Person* Colby Mark S. (Last) (First) (Middle)				Suer Name and Ticker or Trading Symbol Goosehead Insurance, Inc. [GSHD] Date of Earliest Transaction (Month/Day/Year) 01/03/2022							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) CFO				
C/O GOOSEHEAD INSURANCE, INC.			500												
1500 SOLANA BLVD., BUILDING 4, STE 4500				4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Indi	6. Individual or Joint/Group Filing (Check Applicable				
(Street) WESTLAKE	TX	76262								Line) X	′				
(City)	(State)	(Zip)													
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned														
Date			2. Transact Date (Month/Day		2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code (8)		4. Securities Disposed Of 5)			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	Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)		
	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. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)		of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	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	Title	Amount or Number of Shares				
Employee Stock Options (right to buy)	\$143.24	01/03/2022		A		40,000		(1)	01/03/2032	Class A Common Stock	40,000	\$0	40,000	D	

Explanation of Responses:

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 Mr. Colby's employment is terminated without "cause" or for "good reason" (each as defined in either Mr. Colby's option award agreement or the issuer's omnibus incentive plan) and within six months following a "change in control" (as defined in the issuer's omnibus incentive plan).

Remarks:

/s/ P. Ryan Langston, as Attorney-in-Fact for Mark S.

01/05/2022

** 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.