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: | 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* Cruzado Waded | | | | | <u>G</u> | 2. Issuer Name and Ticker or Trading Symbol Goosehead Insurance, Inc. [GSHD] 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | (Che | elationship eck all applic | cable) | g Persor | n(s) to Issu 10% Ow Other (sp | ner |
|--|---|------------|------------|--------------------------|----------|--|---|---------|---|------------------|---|---|--|--|--|------------|-------------------------------------|-----|
| (Last) | ` | , | , , , | | | | 05/07/2024 | | | | | | | | below) | | below) | |
| SUITE 4 | LANA BOI 500 | ULEVARD | | | 4.1 | f Ame | ndment, [| Date o | of Original Fil | led (I | Month/Da | y/Year) | Line | , | loint/Group | • | | |
| (Street) WESTLA | AKE T | X | 76262 | | _ | | 401 = | 4,,, | | | | | | Form f Persor | iled by Mor | e than C | One Report | ing |
| (City) | (S | tate) | (Zip) | | - Ri | Chec | k this box | to indi | Transa | nsact | tion was m | ade pursua | | | n or written į | plan that | is intended | to |
| | | Tab | le I - Noi | n-Deri | vativ | e Se | curities | Ac | quired, D | isp | osed o | f, or Bei | neficiall | y Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | Execution Date, | | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | | | | s ally following | Form: D (D) or Ir | rm: Direct or Indirect (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | Code V | , | Amount | (A) or (D) Price | | Transact | 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) | Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any | | | ransaction of Derivative | | ve es d ed | 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 derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | ily o | 0. Dwnership Form: Direct (D) or Indirect I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | Code | v | (A) | (D) | Date Exercisable | Ex Da | piration | Title | Amount or Number of Shares | | | | | |
| Director Stock Options (right to buy) | \$61.01 | 05/07/2024 | | | Α | | 10,000 | | (1) | 05/ | /07/2034 | Class A Common Stock | 10,000 | \$0 | 10,000 |) | D | |

Explanation of Responses:

1. The shares subject to the option shall vest and become exercisable, subject to continued service, in 12 equal quarterly installments over the three (3) year period following the grant date; provided, that all shares subject to the option will vest and become exercisable upon a "change in control" (as defined in the Issuer's Amended and Restated Omnibus Incentive Plan).

Remarks:

/s/ John O'Connor, as Attorney-05/09/2024 in-Fact for Waded Cruzado

** 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.