FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

OMB APPROVAL									
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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 Reid James						Goosehead Insurance, Inc. [GSHD]									(Che	eck all	all applicable) Director		10% Ow				
(Last) (First) (Middle) 1500 SOLANA BLVD					3. Date of Earliest Transaction (Month/Day/Year) 11/03/2020											officer elow)	(give title		Other (s below)	pecify			
BUILDII	4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable											
(Street) WESTL	(Street) WESTLAKE TX 76262															X Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City)	(St	ate) (Zip)																				
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																						
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye					ear) i	2A. Deemed Execution Date, if any (Month/Day/Year)		te, T	3. Transaction Code (Instr. 8)		4. Securities Acquired Disposed Of (D) (Instr.						5. Amount of Securities Beneficially Owned Followir Reported		Form: Dire y (D) or Indi		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								C	Cod	de V	Am	nount	(A) or (D)	Price		Transa		ction(s) and 4)			(111501.4)		
Class A C	Common Sto	ock		11/03/202	20				M	ı	1	0,000	Α		\$10		10,000			D			
Class A C	Common Sto	ock		11/03/202	20	0			S	S		0,000	00 D \$123.		23.0369(1)		0			D			
		Ta	able	II - Deriva (e.g., p								osed of, converti				/ Owi	ned						
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)	action (Instr.	of Deri Seci Acq (A) o Disp of (E	umber vative urities uired or oosed O) (Instr. and 5)	Expiration (Month/list)		Exercisable and on Date Day/Year)		Amo Secu Und Deri Secu	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		Deriva Securi	Price of erivative ecurity nstr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code V (A		(A)	(D)	Date Exercisa		Expiration Date		Title	OI N Of	lumber									
Director Stock Options (right to buy)	\$10	11/03/2020			M			10,000	0	(2)		04/26/202	Clas A Stoc	1	0,000	\$0	,	81,622		D			

Explanation of Responses:

1. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$123.00 to \$123.21, 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. 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 omnibus incentive plan).

Remarks:

/s/ P. Ryan Langston, as Attorney-in-Fact for James Reid

11/04/2020

** 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.