FORM 5

Check this box if no longer subject to

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	DC	20549
vvasilington,	D.C.	20343

Washington, I	D.C.	20549
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OIVID APPROVAL							
OMB Number:	3235-0362						
Estimated average	burden						

	Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).	ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
\Box	Form 3 Holdings Reported.	OWNERSHIII

OMB APPROVAL							
OMB Number:	3235-0362						
Estimated average burden							
hours per response:	1.0						

Form 4	Transactions I	Reported.	ļ	Filed pursuan or Sec			of the Se nvestmen					34						
1. Name and Address of Reporting Person* Langston Patrick Ryan 2. Issuer Name and Ticker or Trading Symbol Goosehead Insurance, Inc. [GSHD]								elationship o ck all applica Director	able)	ing Pers	, ,	ssuer Owne	er					
	(F LANA BLV NG 4, SUIT	/D	(Middle)		3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2020								X Officer (give title X Other (specify below) VP and General Counsel / Member of 10% owner group				·	
(Street) WESTLA			76262 (Zip)	4. If Ame	4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing Line) X Form filed by One Report Form filed by More than Person								ne Repo	` rting Per	son			
		Ta	ble I - Non-De	rivative Se	ecuriti	es Acq	uired,	Disp	osed	of, or	Ben	eficially	Owned					
Date			Execution r) if any	2A. Deemed Execution Date, if any (Month/Day/Year) 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) or Disposed (D) (Instr. 3, 4 and 5) Amount (A) or (D) Price		tion (D)	n (D) (Instr. 3, 4 and 5)				posed Of	5. Amount of Securities Beneficially Owned at end of		6. Ownership Form: Direct (D) or Indirect (I)		7. Nature of Indirect Beneficial Ownership		
						(WOTHINDE	•	Issuer's Fiscal Year (Instr. 3 and 4)		(Instr. 4)		(Instr. 4)						
Class B C	Common Sto	ock ⁽¹⁾	11/20/2020			G		90,2	.75	A		\$0	90,2	75	Г)		
Class B C	Common Sto	ock ⁽¹⁾	11/30/2020			G ⁽²⁾		90,2	270	D		\$0	5		Ι)		
Class A C	Common Sto	ock	12/31/2020			G ⁽³⁾		10,0	000	D		\$0	5,00	00	Γ)		
			Table II - Deri (e.g.	vative Sec , puts, cal	urities Is, wa	s Acqu rrants,	ired, D option	ispo 1s, co	sed of	f, or B ible se	enef ecuri	icially (Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	se (Month/Day/Year)	Execution Date, 'ear) if any	4. Transaction Code (Instr. 8)	n Derivative				ount of urities lerlying ivative	f g Security	8. Price of Derivative Security (Instr. 5)	9. Num derivati Securit Benefic Owned Followi Reporte	ive Cies Ficially Cing (led	10. Owners Form: Direct (I or Indire (I) (Instr	hip (I D) (ect (11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					(A)	(D)	Date Exercisa		Expiration Date		Amor or Nur of Sha			Transaction(s) (Instr. 4)				
LLC Units in Goosehead Financial, LLC	\$0.0	11/20/2020		G	90,275		(4)	(4) (4) Class A Common Stock		90,275	\$0 90,		,275 D					

(4)

90,270

Explanation of Responses:

\$0.0

1. This does not reflect shares directly held by the reporting person's spouse, who is independently a reporting person of the issuer.

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- $2. \ This \ transaction \ involved \ a \ gift \ of \ securities \ by \ the \ reporting \ person \ to \ the \ Lindy \ Langston \ Spousal \ Lifetime \ Access \ Trust.$
- 3. This transaction involved a gift of securities by the reporting person to a Donor Advised Fund.

11/30/2020

4. 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:

LLC Units

in Goosehead

Financial, LLC

/s/ P. Ryan Langston

Class A

Common Stock

(4)

02/12/2021

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D

** Signature of Reporting Person

90,270

\$0

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.