FORM 4

obligations may continue. See Instruction 1(b).

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

W	ashingto/	on, D.C.	20549	

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL 3235-0287 OMB Number: Estimated average burden hours per response: 0.5

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* Colby Mark S.					2. Issuer Name and Ticker or Trading Symbol Goosehead Insurance, Inc. [GSHD]								neck all appl Direct	tionship of Reporting I all applicable) Director Officer (give title		Person(s) to Issuer 10% Owner Other (specify			
(Last) (First) (Middle) C/O GOOSEHEAD INSURANCE, INC. 1500 SOLANA BLVD., BUILDING 4, STE 4500						3. Date of Earliest Transaction (Month/Day/Year) 02/08/2021									below) below) Chief Financial Officer			респу	
(Street) WESTLA			76262		_ 4. li	f Amen	dmer	nt, Date	e of Original Filed (Month/Day/Year)					ie) X Form Form					
(City)	(3)		Zip)										6		.1				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Y				ion	on 2A. Deemed Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and		(A) or	5. Amo Securi Benefi	ount of ties cially I Following	Form	: Direct or Indirect If str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)			(11341.4)			
Class B Common Stock 0			02/08/2)21				С		1,897	D	\$0	6	5,160		D			
Class A Common Stock			02/08/2	021				С		1,897	A	\$ <mark>0</mark>	1	,897		D			
Class A Common Stock 02/0				02/08/2	021			S		1,697	D	\$150.471 ⁽¹⁾		200		D			
Class A Common Stock 0			02/08/2	021)21		S		200	D	\$151.1	9	0		D				
		Т	able I								sposed of , converti			y Owned					
1. Title of Derivative Security (Instr. 3) 1. Title of Derivative Security Security		on Date te (Month/Day/Year) i		recution Date, any		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		te Exer ation D th/Day/	Year) Securities Underlying		of es ng /e Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
						v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amount or Number of Shares						
LLC Units in Goosehead Financial, LLC	\$0.0	02/08/2021			С			1,897		2)	(2)	Class A Common Stock	1,897	\$0	65,160		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 \$150.00 to \$150.91 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. 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.

The sales reported were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person.

/s/ P. Ryan Langston, as Attorney-in-Fact for Mark S. 02/08/2021 <u>Colby</u>

** 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.