FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| ashington, | D.C. | 20549 | |
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| STATEMENT | OF CHANGE | S IN BENEFICIAL | . OWNERSHIP |
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| OMB APPF | ROVAL |
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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

| | | | | | 01 - | Jecui | 011 30(11 |) OI tile | e investi | iloni c | Jonnpa | arry Act | 01 1340 | | | | | | | | |
|--|-------|--|------------------------------|--------------------|---|---|---|-----------|--|---------|--|-------------------|----------------------------|---|---|---|--|---------------------------------------|---------------|------------|--|
| Name and Address of Reporting Person* Cruzado Waded | | | | | 2. Issuer Name and Ticker or Trading Symbol Goosehead Insurance, Inc. [GSHD] | | | | | | | | | (Ch | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
| Cluzado Waded | | | | | | | | | | | | 07 | | | | X Directo | | | 10% O | | |
| (Last) | (F | irst) | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/02/2024 | | | | | | | | | Officer below) | (give title | | Other (below) | specify | | |
| 1500 SOLANA BOULEVARD SUITE 4500 | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| | | | | | . | | | | | | | | | | : | X Form | filed by One | e Repo | orting Perso | on | |
| (Street) WESTL | AKE T | X | 76262 | | | | | | | | | | | | | Form Perso | | re thai | n One Repo | orting | |
| | | | | | · Ru | ule | 10b5 | -1(c |) Tra | nsa | ctio | n Ind | licatio | n | | | | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | made purs 10b5-1(c). | | | tract, instruct on 10. | on or writter | n plan t | hat is intend | ed to | |
| | | Tab | le I - Noi | n-Deriv | ative | e Se | curitie | es A | cquire | d, D | ispo | sed c | of, or E | ene | ficial | ly Owne | d | | | | |
| Date | | | 2. Trans Date (Month/l | | Execution Date | | e, Transaction Dispose Code (Instr. 5) | | rities Acquired (A) ed Of (D) (Instr. 3, 4 | | | Benefic Owned | es Formalially (D) (I) (I) | | vnership n: Direct r Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | | | | | |
| | | | | | | | | | Cod | de V | А | Amount (A) or (D) | | or | Price | Transac | Reported ransaction(s) Instr. 3 and 4) | | | (Instr. 4) | |
| Class A Common Stock 05/02/ | | | | | 2/2024 | 2024 | | N | | | 300 A | | \$58 | 8 643 | | | D | | | | |
| | | T | able II - | Deriva (e.g., p | | | | | | | | | | | | Owned | | , | | | |
| Derivative Conversion Date Execusive Or Exercise (Month/Day/Year) if any | | 3A. Deem Execution if any (Month/Da | Date, Transac Code (In | | | | | Expirat | 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) | Beneficial Ownership (Instr. 4) | | | |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expii Date | ration | Title | or Nu of | umber | | | | | | |
| Director Stock Options (right to | \$58 | 05/02/2024 | | | М | | | 300 | (1) | | 05/02 | 2/2033 | Class A Commo | 1 : | 300 | \$58 | 14,700 | 0 | D | | |

Explanation of Responses:

1. One twelfth (1/12th) of the option, which represents the right to purchase a total of 15,000 shares, vested and became exercisable, subject to continued service, on each of the first, second and third anniversaries of the grant date, which was May 2, 2023.

Remarks:

/s/ John O'Connor, as Attorney-05/06/2024 in-Fact for Waded Cruzado

** Signature of Reporting Person

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.