FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Machinatan	Γ	20E40	
<i>N</i> ashington,	D.C.	20549	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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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

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Name and Address of Reporting Person* Reid James						2. Issuer Name and Ticker or Trading Symbol Goosehead Insurance, Inc. [GSHD]									S. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
												_ ^									
(Last)	(Fi	,	Middl	e)		3. Date of Earliest Transaction (Month/Day/Year) 11/04/2020										Office below	r (give title)		Other (below)	specify	
BUILDII	NG 4, SUIT	4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)									
(Street)															X Form filed by One Reporting Person						
WESTLAKE TX 76262															Form filed by More than One Reporting Person						
(City)	(St	ate) (2	Zip)			Pels															
		Table	e I -	Non-Deriv	ative	Secu	ritie	s Ac	qu	uired, [Dis	sposed o	f, or	Benef	icially	Owne	ed				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Y			ear) if	2A. Deemed Execution Dat if any (Month/Day/Yo		e, Ti	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and				. Benefi Owned		ties cially I Following	Fori (D)	m: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership			
		С	Code			e V	Amount (A		(A) or (D)	Price			ed ction(s) 3 and 4)			(Instr. 4)					
Class A Common Stock 11/04/2020)			М			4,960	A	\$	10	4	4,960		D		
Class A Common Stock 11/04/2020					0			S			4,960 D \$125.		7995 ⁽¹⁾	995(1) 0			D				
		Та	ble	II - Derivat								osed of				Owned	I				
		1		(0 / 1			_		÷	•	<u> </u>		_		-			_		1	
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)			action (Instr.			Expiratio (Month/D				Amo Sec Und Deri	itle and bunt of urities erlying vative urity (Ins	Der Sed (Ins	Price of rivative curity str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
						v	(A)	(D)	Date Exercisa		Expiration Date		Title	Amor or Numi of Share	ber						
Director Stock Options (right to	\$10	11/04/2020			М			4,960		(2)		04/26/2028	Clas A Stoc	4,90	50	\$0	76,662		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 \$125.75 to \$126.24, 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

11/05/2020

Reid

** 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.