SEC For				ED STA	тес	CE	~	ודום											
FORM 4 UNIT			ED STATES SECURITIES AND EXCHANGE COMMIS Washington, D.C. 20549												OMB APPROVAL			/AL	
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).				FILED PURSUENT OF CHANGES IN BENEFICIAL OWNERS												P OMB Nur Estimated hours per		erage burder	3235-0287 1 0.5
					or	Sectior	1 30(h) of the	Investr	nent C	ompany Act	of 1940				(D	D		
1. Name and Address of Reporting Person [*] Colby Michael C.									cker or Trading Symbol <u>1rance, Inc.</u> [GSHD]					Check	all applic Director	able)	, 10% Ow		vner
(Last) (First) (Middle) C/O GOOSEHEAD INSURANCE, INC. 1500 SOLANA BLVD., BUILDING 4, ST															below) President and COO				
(Street) WESTLAKE TX 76262					_ 4.1	Line) X Fo									Form fi	ual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting			
(City) (State) (Zip)					-										Person				
		Tab	le I - N	Non-Deri	vativ	e Seo	curit	ties A	cquire	ed, C	Disposed	of, or B	enefici	ally	Owned				
1. Title of Security (Instr. 3)				2. Transact Date (Month/Day		(ear) Exec		Deemed ecution Date, ny onth/Day/Year)		action (Instr.		s Acquired (A) or If (D) (Instr. 3, 4 an		d 5) Securiti Benefici Owned		es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Direct I Indirect I str. 4)	7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) or (D)	Price		Reported Transact (Instr. 3 a	tion(s)		· · · · · ·	(Instr. 4)
Class B Common Stock				07/29/2020				с		4,806	D	\$0	\$0 63		,024		D		
Class A Common Stock				07/29/2020				С		4,806	Α	\$0	68 68		,437		D		
Class A Common Stock				07/29/2020				S		4,806	D	\$85.19	22 ⁽¹⁾ 63,		631	D			
Class B Common Stock															858	,166			By Trust ⁽²⁾
Class A Common Stock															143,402			I	By Colby 2014 Family Trust
		٦	Table	ll - Deriva (e.g.,	ative puts.	Secu calls	uritie S. Wa	es Ac	quirec s. opt	l, Dis tions	sposed o s, convert	f, or Be tible sec	neficia curities	lly O	wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed ion Date,	4. Transa Code (8)	5. Number ction of		6. Date Exerc Expiration D (Month/Day/		cisable and ate	7. Title and Amou of Securities Underlying Derivative Securit (Instr. 3 and 4)		nt 8 D S (1	. Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownershi (Instr. 4)	
				Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Title	Amount or Number of Shares							
LLC Units in Goosehead Financial, LLC	\$0.0	07/29/2020						4,806	(3)		(3)	Class A Common Stock	4,80	6	\$0	627,024		D	
LLC Units in Goosehead Financial, LLC	\$0.0								(3)	(3)	Class A Common Stock	858,1	858,166		858,166		I	By Trust ⁽²
Explanatior 1. The price r issuer, any se in this footno	curity holder o te to this Form	umn 4 is a weighted a f the issuer, or the sta	ff of the	Securities an	d Excha	ange Co	ommis	sion, up	on reque	st, full	information r	egarding the	e number (of shar	es sold at e	ach separate	e price v	within the ra	nge set forth

members of the reporting person are beneficiaries.

3. Each LLC Unit, together with a share of Class B Sommon 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:

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 Michael C. 07/29/2020 <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.