FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

<b>STATEMENT</b>	OF CHANGE	S IN BENEFI	CIAL 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

Name and Address of Reporting Person*     Jones Mark Evan					2. Issuer Name and Ticker or Trading Symbol Goosehead Insurance, Inc. [ GSHD ]							(Che	Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director X 10% Owner     Officer (give title V Other (specify)					
(Last) (First) (Middle) C/O GOOSEHEAD INSURANCE, INC.				3. Date of Earliest Transaction (Month/Day/Year) 01/03/2023							X Officer (give title below) Other (specify below)  CEO / Member of 10% owner group							
1500 SOLANA BLVD., BUILDING 4, STE 4500			L															
(Street)				—   4.	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable Line)							
WESTL	AKE T	X	76262									] ]		•		rting Persor		
(O:t-1)	/6	4-4-)	(7: <sub>-</sub> )									Form filed by More than One Reporting Person						
(City)	(8		(Zip)															
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
1. Title of Security (Instr. 3)  2. Transa Date (Month/D					Execution Date,		Code (Instr.				5. Amoun Securities Beneficia Owned Fo	s Form (I) o ollowing (I) (In		Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	(A) o	r Price	Transacti	nsaction(s) str. 3 and 4)			(Instr. 4)	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
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	Code	saction de (Instr. Securities Acquired (A) or (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title an of Securit Underlyin Derivative (Instr. 3 a	g Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)			
				Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amount or Number of Shares		(Instr. 4)				
Employee Stock Options (right to buy)	\$38.78	01/03/2023		A		200,000		(1)	0	1/03/2033	Class A Common Stock	200,000	\$0	200,00	00	D		

## **Explanation of Responses:**

1. One third (1/3rd) of the shares subject to the option shall vest and become exercisable, subject to continued employment, on each of the first, second and third anniversaries of the grant date; provided that, all shares subject to the option will vest and become exercisable if, within six months following a "change in control" (as defined in the issuer's omnibus incentive plan), Mr. Jones' employment is terminated without "cause" or for "good reason" (each as defined in either Mr. Jones' option award agreement or the issuer's omnibus incentive plan).

## Remarks:

/s/ P. Ryan Langston, as Attorney-in-Fact for Mark Evan 01/04/2023 **Jones** 

\*\* 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.