## FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

	Wash	nington, D.C. 20549	
ΔΝΝΙΙΔΙ	STATEMENT	OF CHANGES	IN BENEFICIAL

**OWNERSHIP** 

Washington,	D.C.	20549	

- 17									
	OMB APPROVAL								
- 1									
-	OMB Number: 3235-0362								
- 1	II.								
-	Estimated average burden								
	hours per response:	1.0							

Form 3	Holdings Repo	orted.				• • • • • • • • • • • • • • • • • • • •							noul	rs per res	ponse:	1.0
Form 4	Transactions I	Reported.		Filed pursuan or Sec			of the Secu				34					
Name and Address of Reporting Person*     Langston Lindy				2. Issuer Name <b>and</b> Ticker or Trading Symbol Goosehead Insurance, Inc. [ GSHD ]						S. Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director						
	OSEHEAD	irst) INSURANCE, I /D., BLDG 4, S			3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2020						Officer (give title X Other (special below)  Member of 10% owner group				)	
(Street) WESTLAKE TX 76262				—   4. If Ame	4. If Amendment, Date of Original Filed (Month/Day/Year)  6. Individual or Joint/Group Filing (Check Application)  X Form filed by One Reporting Person  Form filed by More than One Reporting Person							on				
(City)	(S	tate)	(Zip)	rivative Se	ocuriti	96 Aco	uired D	ienoeed	l of o	r Bone	aficially	Owned				
1. Title of Security (Instr. 3) 2. Tra		2. Transaction	2A. Deemo Execution if any	2A. Deemed 3. Execution Date, Tr		4. Sec	4. Securities Acquired (A) or Dispose (D) (Instr. 3, 4 and 5)				5. Amount of Securities Beneficially		6. Ownership Form: Direct (D) or		7. Nature of Indirect Beneficial	
			(MONTH)Da			Amou	Amount (		Price	•	Owned at e Issuer's Fis Year (Instr. 4)	cal (Instr. 4				
Class B C	Common Sto	ock	11/20/2020			<b>G</b> <sup>(1)</sup>	9	0,275	D		\$0	337,5	79	D		
Class B C	Common Sto	ock	11/30/2020			G	9	0,270	A		\$0	Spousai		90,270 $I^{(2)}$ Language Spous Lifeti Access		angston pousal ifetime access
			Table II - Deri	vative Sec				•			-	Owned				
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Security or Exercise (Month/Day/Yea		Conversion or Exercise Price of Derivative Security  Date (Month/Day/Year)   Execution Date, if any (Month/Day/Year)   Execution Date, if any (Month/Day/Year)   Nonth/Day/Year)   Execution Date, if any (Month/Day/Year)   Nonth/Day/Year)   Nonth/D		5. Num Derivat Securit Acquire Dispose	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4)  6. Date Exercisable and Expiration Date (Month/Day/Year)  6. Date Exercisable and Expiration Date (Month/Day/Year)  7. Title and Amount of Securities Underlying Derivative Securities (Instr. 3 and 4)		J 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)				
					(A)	(D)	Date Exercisab	Expirat le Date		itle	Amount or Number of Shares		(Instr. 4			
LLC Units in Goosehead Financial, LLC	\$0.0	11/20/2020		G		90,275	(3)	(3)	C	Class A ommon Stock	90,275 \$0 337,579		,579	D		
LLC Units in Goosehead Financial.	\$0.0	11/30/2020		G	90,270		(3)	(3)	C	Class A ommon Stock	90,270	\$0	90,:	270	I	Lindy Langston Spousal Lifetime

- 1. This transaction involved a gift of securities by the reporting person to her husband, P. Ryan Langston.
- 2. This does not reflect shares directly held by the reporting person's spouse, who is independently a reporting person of the issuer.
- 3. 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.

## Remarks:

LLC

/s/ P. Ryan Langston, as

Attorney-in-Fact for Lindy 02/12/2021 Access Trust

Langston

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).