SEC Form 5	5																			
FC	ORM !	5	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549																	
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).				AL STA	L STATEMENT OF CHANGES IN BENEFICIA OWNERSHIP									OMB APPROVAL OMB Number: 3235-0362 Estimated average burden						
Form 3 Holdings Reported.														hou	urs per res	ponse:		1.0		
Form 4 Tran	insactions R	eported.	F	iled pursuan or Sec				ne Securities tment Comp												
1. Name and Address of Reporting Person <sup>*</sup> Jones Mark E. Jr.					2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>Goosehead Insurance, Inc.</u> [ GSHD ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner Officer (give title X Other (specify below) Member of 10% owner group							
(Last)(First)(Middle)C/O GOOSEHEAD INSURANCE, INC.1500 SOLANA BLVD., BLDG 4, STE 4500					3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2020															
(Street) WESTLAKE TX 76262				— 4. If Ame									6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City) (State) (Zip)													Feison							
		Tal	ble I - Non-Der	ivative Se	ecuriti	ies Acq	luire	ed, Dispo	osed	of, or	Benefic	cially	/ Owned							
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	Execution if any	2A. Deemed Execution Date, if any (Month/Day/Year)		tion str.				or Disposed Of		5. Amount of Securities Beneficially Owned at end o		6. Owners Form: Dir (D) or Indirect (I		ect Indirect Beneficial			
				(Montal/Da				Amount		(A) or (D)	Price		Issuer's Fiscal Year (Instr. 3 and 4)		(Instr. 4)		(Instr. 4)			
Class B Common Stock			12/14/2020	120		<b>G</b> <sup>(1)</sup>		82,005		D	\$0		385,553		D					
Class B Common Stock			12/14/2020			G <sup>(1)</sup>		82,005		A	\$0		82,005		I		Jones 2020 Irrevocable Trust			
			Table II - Deriv (e.g.,	ative Sec puts, cal									Owned							
Security or E (Instr. 3) Prio Der	e Conversion Date Execution Date, or Exercise (Month/Day/Year) if any		Execution Date, if any	4. Transaction Code (Instr. 8)	ransaction Derivat ode (Instr. Securi		Exp	Date Exercisable and piration Date lonth/Day/Year)		Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)			Derivative deriva Security Securi (Instr. 5) Benefi Owner Follow Repor		rities Form: ficially Direct ( ed or Indir wing (I) (Inst rted saction(s)		ship of B D) O ect (li	1. Nature f Indirect eneficial wnership nstr. 4)		

Date Exercisable

(2)

Expiration Date

(2)

Title

Class A Common Stock

in Goosehead Financial, LLC LLC Units in Goosehead Class A (2) (2) Common Stock \$<mark>0.0</mark> 12/14/2020 G 82,005 Financial, LLC

Explanation of Responses:

\$<mark>0.0</mark>

1. This transaction involved a gift of securities by the reporting person to the Jones 2020 Irrevocable Trust of which the reporting person's spouse serves as a co-trustee.

(A)

G

(D)

82,005

2. 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 Units

/s/ P. Ryan Langston, as Attorney-in-Fact for Mark E. <u>Jones, Jr.</u>

or Numbei

of Shares

82,005

82,005

\$<mark>0</mark>

\$<mark>0</mark>

02/12/2021

385,553

82,005

D

I

Jones 2020

Irrevocable Trust

\*\* Signature of Reporting Person Date

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

 $\ast$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

12/14/2020

\*\* 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.