SEC For				стат		с <b>г</b>			-0		ΓV	СЦА			~~~		CION					
FORM 4 UNITED				51AI	E2 :	25				AND n, D.C. 2			NG	= 0		1112	SION		OME	B APPRO	VAL	
Section 16 obligations	box if no longe . Form 4 or For may continue.	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934														OMB Number: 323 Estimated average burden hours per response:			3235-0287 n 0.5			
Instruction	1(0).			Filed	or Se	ant to ectio	o Sectio n 30(h)	of the	a) of Inve	stment (	Comp	any Act	of 194	0	34							
1. Name and Address of Reporting Person <sup>*</sup> Colby Michael C.					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 10% Owner Officer (give title Other (spec				wner		
(Last) (First) (Middle) C/O GOOSEHEAD INSURANCE, INC. 1500 SOLANA BLVD., BUILDING 4, STE 4					3. Date of Earliest Transaction (Month/Day/Year) 07/27/2020										below	Presider	nt and	below) I COO				
,		4. lf												6. Individual or Joint/Group Filing (Check Applicable Line)								
(Street) WESTLAKE TX 76262																	X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S	tate)	(Zip)																			
		Tab	ole I - Nor	n-Deriv	ative	Se	curiti	es A	cqu	uired, I	Disp	osed	of, o	r Be	nefi	cially	/ Owned	ł				
1. Title of Security (Instr. 3)				2. Trans Date (Month/I	Execution Date			Code (In		tion Dispos		urities Acquired (A) sed Of (D) (Instr. 3, 4			) or 4 and	5. Amou Securiti Benefici Owned I Reporte	es ally Following	Form: D	wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
										Code	v	Amour	ıt	(A) o (D)	r P	rice	Transac (Instr. 3	tion(s)			(11511 4)	
Class B Common Stock				07/27/2020						С		297		D		\$ <mark>0</mark>	632,133			D		
Class A Common Stock				07/27/2020		)				С		297		A		\$ <mark>0</mark>	63,928			D		
Class A Common Stock					07/27/2020					S		297		D	+	\$85	63,631			D		
Class B Common Stock																	858,166			Ι	By Trust <sup>(1)</sup>	
Class A Common Stock																	143,402			I	By Colby 2014 Family Trust	
		-	Table II -														Owned		1			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution I if any (Month/Day	d 4 Date, T	4. Transactio Code (Inst 8)		5. Number n of		6. Date Exerci Expiration Da (Month/Day/Yo		cisab ate	le and	ible securities 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		unt	8. Price of Derivative Security (Instr. 5)	9. Numb derivativ Securitie Benefici: Owned Followin Reporter Transact (Instr. 4)	ve es ally g d tion(s)	10. Ownershij Form: Direct (D) or Indirect (I) (Instr. 4	Beneficia Ownershi (Instr. 4)		
					Code	v	(A)	(D)	Dat Exe	e ercisable	Expiration Date				Amou or Numi of Sh	oer						
LLC Units in Goosehead Financial, LLC	\$0.0	07/27/2020			с			297		(2)		(2)	(2) Class Comr Stor		297		\$ <b>0</b>	632,133		D		
LLC Units in Goosehead Financial, LLC	\$0.0									(2)		(2) Cla Con Sto		non 858,166		166		858,166		I	By Trust <sup>(1</sup>	
Explanation Reflects sh nembers of t Each LLC	he reporting pe Unit, together	Ses: A Common Stock, sha erson are beneficiarie: with a share of Class	s.											•	01						amily	
Remarks The sales rep		ected pursuant to a Ru	ıle 10b5-1 tra	ding plan	adopted	l by t	the repo	rting pe	erson.				s/ P. F	· ·		· · · ·	<u>as</u> Michael (					

Attorney-in-Fact for Michael C. 07/29/2020 Colby

\*\* 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.