FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Machinaton	DC	20540
Washington,	D.C.	20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-0287								
Estimated average burden								
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

1. Name and Address of Reporting Person* Jones Robyn Mary Elizabeth					Goosehead Insurance, Inc. [GSHD]									(Chec	Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner Officer (give title V Other (specify)					
(Last)	,	irst) INSURANCE, l	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 08/29/2023							below) Member of 10% owner group								
1500 SO	LANA BLV	D., BUILDING	4, STE 4500) [Line)								
(Street) WESTLA	AKE T	X	76262									X	X Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City)	(5	itate)	(Zip)		Rule 10b5-1(c) Transaction Indication															
												as made pui c). See Instr			instruction or	written plar	n that is	intended to s	atisfy the	
		T	able I - Nor	-Deriva	tive S	ecur	ities	Acqı	uired,	Dis	ose	d of, or	Bene	ficially	Owned					
1. Title of Security (Instr. 3)			2. Transac Date (Month/Da	nsaction n/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction D Code (Instr.			4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a			5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amo	unt	(A) or (D) Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Class A Common Stock 08			08/29/2	9/2023			G		15	0,000	D	\$ <mark>0</mark>	181,290		D ⁽¹⁾					
Class B C	Class B Common Stock												132,349		D ⁽¹⁾					
Class B Common Stock												10,012,497(2)				By Frust ⁽³⁾				
			Table II - I					•	,			of, or E ertible s		•	wned					
Derivative Conversion Date		3. Transaction Date (Month/Day/Year)	ate Execution Da		Code (Instr.		of I		6. Date Exercisable Expiration Date (Month/Day/Year)		and 7. Title and Amount of Securities Underlying Derivative Security (I and 4)		ying	g Derivative		er of e s ally g I ion(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
		Code V (A) (D)		(D)	Date Exerci	Expiratio Date		ation	Title	Amount or Number of Shares										
LLC Units in Goosehead Financial, LLC	\$0							(4	(4))	Class A Common Stock	132,349			132,349		D ⁽¹⁾		
LLC Units in Goosehead Financial,	\$0							(4	4)	(4)	Class A Common Stock	10,01	12,497(2)		10,012,4	.97 ⁽²⁾	I	By Trust ⁽³⁾	

Explanation of Responses:

- 1. Reflects shares of Class A Common Stock, shares of Class B Common Stock, shares of Class B Common Stock, shares of Class B Common Stock or LLC Units, as applicable, held directly by Robyn Mary Elizabeth Jones, and does not reflect Class A Common Stock, shares of Class B Common Stock or LLC Units, as applicable, held by her spouse, Mark Evan Jones, who is independently a reporting person of the issuer.
- 2. Reflects a reduction in shares due to a same-day sale by Desiree Robyn Coleman Family Trust 2014, a separate reporting person and for which a separate Form 4 will be filed.
- 3. Reflects shares of Class A Common Stock, shares of Class B Common Stock or LLC Units, as applicable, held in trust for which the reporting person serves as a trustee and of which immediate family members of the reporting person are beneficiaries.
- 4. 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:

/s/ John O'Connor, as Attorney-

in-Fact for Robyn Mary

08/30/2023

Elizabeth 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.