FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	<b>OWNERSHIP</b>

OMB APP	ROVAL
OMB Number:	3235-0287
Estimated average	burden

0.5

hours per response:

Check th	is box if no longer subject to
Section 1	6. Form 4 or Form 5
obligation	ns may continue. See
Instruction	n 1(h)

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

					OI	Section	1 30(11)	or the i	mvesum	ent C	отпрату А	CLOI 19	40									
1. Name and Address of Reporting Person* <u>Jones Mark Evan</u>				2. Issuer Name and Ticker or Trading Symbol Goosehead Insurance, Inc. [ GSHD ]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)											
											X Direc	ctor		X 10	% Owner							
(Last)	(Fi	rst) (	Midd	le)	3. [	3. Date of Earliest Transaction (Month/Day/Year) 12/02/2019							$\dashv$	X Office below	er (give title w)			her (specify low)				
C/O GOO	SEHEAD	INSURANCE, I	NC.		12									CEO / Member of 10% owner group								
1500 SOI	LANA BLV	D., BUILDING	4, S	STE 4500																		
(Street) WESTLAKE TX 76262			4. l	4. If Amendment, Date of Original Filed (Month/Day/Year)							Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting											
(City)	(St	ate) (.	Zip)												Pers	son						
		Tabl	e I -	Non-Deriv	ative	Sec	uritie	s Ac	quire	l, Di	sposed	l of, o	r Beı	neficia	lly Own	ed						
		2. Transaction Date (Month/Day/Ye	ar) E	2A. Deemed Execution Date, if any (Month/Day/Year)		Cod	Transaction Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5				Beneficiall Owned Fol		Form:	nership Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership					
							Cod	de V	Am	nount	(A) or (D)	Price	)	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)				
Class A Common Stock			12/02/2019				S		1	4,422	D	\$40.1261		383,	,859	I		By Mark and Robyn Jones Descendants Trust 2014				
Class A Common Stock <sup>(2)</sup>													725,801		801 D							
		Та	ble	II - Derivat (e.g., p											Owned							
Derivative Conversion Date Security or Exercise (Month/Day/Year) i		Exe if ar			ransaction of ode (Instr. Derivati		ative rities ired osed	Expiration (Month/Edes and ed				7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)		10. Ownersi Form: Direct (E or Indire (I) (Instr.	Beneficial Ownershi ect (Instr. 4)	t I			
					Code	Code V (A)		(D)	Date D) Exerci		Expiration		or No of	umber								

## Explanation of Responses:

- 1. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$40.00 to \$40.51, inclusive. The reporting person undertakes to provide to the issuer, any security holder of the issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote to this Form 4.
- 2. This does not reflect shares directly held by the reporting person's spouse, who is independently a reporting person of the issuer.

## Remarks:

The sales reported were effected pursuant to a Rule 10b5-1 trading plan adopted by the Mark and Robyn Jones Descendants Trust 2014.

/s/ P. Ryan Langston, as Attorney-in-Fact for Mark

12/04/2019

Evan Jones

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.