FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, [	D.C. 2	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

**OMB APPROVAL** OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

Instruction 1(b).  Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934  or Section 30(h) of the Investment Company Act of 1940											0.5	
1. Name and Address of Reporting Person*  Mark & Robyn Jones Descendants Trust 2014			er Name <b>and</b> Ticke S <mark>ehead Insura</mark>		-	,		ationship of Reportir k all applicable) Director Officer (give title	X 10% C	% Owner her (specify		
(Last) (First) (Middle) C/O GOOSEHEAD INSURANCE, INC.		3. Date of Earliest Transaction (Month/Day/Year) 05/01/2020							below) A below)  Member of 10% owner group			
1500 SOLANA BLVD., BLDG 4, STE 4500  (Street)  WESTLAKE TX 76262  (City) (State) (Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Indi Line) X	ividual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person			
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned												
1. Title of Security (Instr. 3)  2. Transa Date (Month/D			2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Disposed Of 5)			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
				Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)	
Class B Common Stock 05/01/		2020		С		100	D	\$0	11,849,239	D		
Class A Common Stock	05/01/2020			С		100	A	\$0	100	D		
Class A Common Stock 05/01/		2020		S		100	D	\$60	0	D		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												

	(e.g., puts, calls, warrants, options, convertible securities)														
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code ( 8)		of E		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
LLC Units in Goosehead Financial,	\$0.0	05/01/2020		С			100	(1)	(1)	Class A Common Stock	100	\$0	11,849,239	D	

## **Explanation of Responses:**

1. 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.

LLC

The sales reported were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person. Following the reported transaction above, Mark and Robyn Jones, together with their trusts, continue to own beneficially 1,462,691 shares of Class A Common Stock and 14,000,341 shares of Class B Common Stock, for a total of 15,463,032 shares of Goosehead Insurance, Inc.

/s/ P. Ryan Langston, as Attorney-in-Fact for Mark & Robyn Jones Descendants Trust 2014

05/04/2020

\*\* 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.