Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* Mark & Robyn Jones Descendants Trust 2014 (Last) (First) (Middle) C/O GOOSEHEAD INSURANCE, INC. 1500 SOLANA BLVD., BLDG 4, STE 4500						Issuer Name and Ticker or Trading Symbol Goosehead Insurance, Inc. [GSHD] Date of Earliest Transaction (Month/Day/Year) 02/05/2019								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				
(Street) WESTLAKE TX 76262 (City) (State) (Zip)					_ 4. _	f Amer	ndmei	nt, Date	of Ori	ginal Fil	ed (Month/Da	6. Lin	e) X Form	vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tab	le I - I	Non-Deri	ivativ	e Sec	urit	ies Ad	quir	ed, D	isposed c	f, or B	eneficial	ly Owned	ł			
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day					Execu	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and				ies ially Following	Form (D) o	n: Direct r Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership	
										v	Amount	(A) or (D)	Price	Reporte Transac (Instr. 3	ction(s)			(Instr. 4)
Class B Common Stock 02/05/201						19			С		34,149	D	\$0	12,9	23,972		D	
Class A Common Stock 02/05/201					2019	.9			С		34,149	A	\$0	1,78	32,430		D	
Class A Common Stock 02/05/201						.9		S		34,149	D	\$28.388	7 ⁽¹⁾ 1,7	748,281		D		
		٦	Table								posed of, , converti			/ Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transa Code (8)				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 derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	e s lly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exer	rcisable	Expiration Date	Title	Amount or Number of Shares					
LLC Units in Goosehead Financial, LLC	\$0.0	02/05/2019			С			34,149		(2)	(2)	Class A Common Stock	34,149	\$0	12,923,9	972	D	

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 \$27.96 to \$28.74, 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. 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:

The sales reported were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person.

/s/ P. Ryan Langston, as Attorney-in-Fact for Mark & 02/06/2019 Robyn Jones Descendants Trust 2014

** Signature of Reporting Person

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.