FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

wasnington,	D.C.	2054

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(h)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
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					Go	2. Issuer Name and Ticker or Trading Symbol Goosehead Insurance, Inc. [GSHD]								eck all appli Direct Office	onship of Reporting Pers Il applicable) Director X Officer (give title below)		10% Owner			
(Last)	`	rst) INSURANCE, 1	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 02/08/2019									Member of 10% owner group					
1500 SOLANA BLVD., BLDG 4, STE 4500					4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) WESTLA	vestlake TX 76262				_								Lin	X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(Si	ate)	(Zip)																	
		Tab	le I - N	lon-Deri	vativ	e Sec	urit	ies Ad	cquir	ed, D	isposed o	f, or B	eneficial	ly Owned	t					
D			2. Transaction Date (Month/Day/Year)		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 cially Following	Form (D) o	Form: Direct D) or Indirect I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership				
								Code	v	Amount	(A) or (D)	Price	Reporte Transa (Instr. 3	tion(s)			(Instr. 4)			
Class B Common Stock 02/			02/08/2	2019	19			С		12,803	D	\$0	12,8	80,940		D				
Class A Common Stock 02/08/				02/08/2	2019	19			С		12,803	A	\$0	1,7	61,084		D			
Class A Common Stock 02/08/2			2019	9 s 12,803 D \$27.8327 ⁽¹⁾ 1,748,281		48,281		D												
		1	able I								posed of, converti			Owned						
Derivative Conversion Date Executity Or Exercise (Month/Day/Year) if		if any	ution Date, Tr		ransaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		of Securities Underlying		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	illy	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exer	cisable	Expiration Date	Title	Amount or Number of Shares							
LLC Units in Goosehead Financial, LLC	\$0.0	02/08/2019			С			12,803		(2)	(2)	Class A Common Stock	12,803	\$0	12,880,9	940	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 \$27.38 to \$28.45, 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.

** 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.