FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGES | S IN RENEEIC | IAL OWNERSHIP |
|-----------|------------|--------------|---------------|

| OMB APPRO                | DVAL      |  |  |  |  |  |  |  |
|--------------------------|-----------|--|--|--|--|--|--|--|
| 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 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. |   |                                      |                 |                          | 3. D  | Issuer Name and Ticker or Trading Symbol     Goosehead Insurance, Inc. [ GSHD ]      Inc. [ GSHD ]      Inc. [ GSHD ]      Inc. [ GSHD ] |      |   |                 |               |  |  |                            |   | 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 |   |  |   |  |
|--|---|--------------------------------------|-----------------|--------------------------|---|--|------|---|-----------------|---------------|--|--|----------------------------|---|---|---|--|---|--|
| 1500 SOLANA BLVD., BLDG 4, STE 4500  (Street)  WESTLAKE TX 76262  (City) (State) (Zip)   |   |                                      |                 | 4. If                    | Ameno   | dment,   | Date | of Origi                                | inal Fil        | ed (Month/Da  | ay/Year)   |  | i. Indiv<br>ine)<br>X      | Form  | r Joint/Group<br>n filed by One<br>n filed by Mor<br>on   | Reportir  | g Pers                                       | on  |  |
| Table I - Non-Deriva  1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Ye  Class A Common Stock  12/04/201                    |   |                                      |                 | on<br>Year)              | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) |  | ite, | 3.<br>Transa<br>Code (I<br>8)<br>Code   | ction<br>Instr. | 4. Securities | rities Acquired (A) or ed Of (D) (Instr. 3, 4 and (D) (D) (Instr. 3, 4 and (D) (D) (D) (D) (D) |  |                            | 5. Amount of<br>Securities<br>Beneficially<br>Owned Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4) |   | 6. Owne<br>Form: D<br>(D) or In<br>(I) (Instr.  | rect<br>direct                               | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)  | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date (Month/Day/Year) | 3A. De<br>Execu | (e.g., poemed tion Date, |   | alls,  |      | mber<br>ative<br>rities<br>ired<br>osed | 6. Date         | ons,          |  | 7. Title<br>Amoun<br>Securit<br>Underly<br>Derivat | and<br>t of<br>ies<br>ying | 8. Pr   | ice of<br>vative  | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4) | Owner<br>Form<br>Direct<br>or Inc<br>(I) (In | t (D)   | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |

1. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$40.10 to \$40.71, 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.

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 & Robyn Jones Descendants

12/04/2019

**Trust 2014** 

\*\* 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.