FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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									
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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 (Street) WESTLAKE TX 76262						2. Issuer Name and Ticker or Trading Symbol Goosehead Insurance, Inc. [GSHD] 3. Date of Earliest Transaction (Month/Day/Year) 03/06/2019 4. If Amendment, Date of Original Filed (Month/Day/Year)									Relationship of Reporting Person(s) to Issuer Check all applicable) Director X 10% Owner Officer (give title below) Member of 10% owner group Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(St	rate)	(Zip)																	
		Tab	le I - 1	√on-Deri	ivativ	e Sec	urit	ies Ac	quir	ed, D	isposed o	f, or B	eneficial	lly Ow	ned					
Da			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			Benefic Owned		s ally ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) or (D)	Price	Tra	oorted nsact str. 3 a	ed ction(s) 3 and 4)			(Instr. 4)	
Class B Common Stock 03/06/20					2019	19			С		16,106	D	\$0		12,747,578			D		
Class A Common Stock 03/06/20					2019				С		16,106	A	\$0	\$0 1,76		64,387		D		
Class A Common Stock 03/06/20				2019	19			S		16,106	D	\$29.0105(1)		1,748,281			D			
		٦	able I								posed of, , converti			/ Own	ed					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed ion Date, //Day/Year)	4. Transa Code (8)	action of De Se Ac (A) Dis		vative urities uired or oosed O) (Instr. and 5)	6. Date Exer Expiration D (Month/Day/		ate	7. Title and Amour of Securities Underlying Derivative Security (Instr. 3 and 4)		Derivative Security		9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y Ov Fo Dii or (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerc	cisable	Expiration Date	Title	Amount or Number of Shares							
LLC Units in Goosehead Financial, LLC	\$0.0	03/06/2019			С			16,106		(2)	(2)	Class A Commor Stock	16,106	\$0		12,747,5	78	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 \$29.00 to \$29.04, 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 and 03/06/2019 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.