FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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	OMB APPROVAL								
OMB Number: 3235-0287									
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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						2. Issuer Name and Ticker or Trading Symbol Goosehead Insurance, Inc. [GSHD]								all app Dired Offic	er (give title	g Pers	10% C	wner (specify	
(Last) (First) (Middle) C/O GOOSEHEAD INSURANCE, INC.						3. Date of Earliest Transaction (Month/Day/Year) 12/18/2019								Member of 10% owner group					
1500 SOLANA BLVD., BLDG 4, STE 4500 (Street) WESTLAKE TX 76262 (City) (State) (Zip)					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Indir Line) X	ridual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person					
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day					tion	ion 2A. Deemed Execution Date,		quired, Disposed of, or Benefic 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4)			or 5. Am and 5) Secu		nount of 6 rities F ficially (I		vnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership			
Class A Common Stock 12/18/20					2019	019		Code	v	Amount 15,118	(A) o (D)	FII	ce 1.71 ⁽¹⁾	(Instr.	orted saction(s) r. 3 and 4)		D	(Instr. 4)	
Class A Common Stock 12/18/20							S		30,712	D	<u> </u>	\$42.12(2)		148,281		D			
		Та	ıble II -								osed of,				wned				
1. Title of Derivative Security (Instr. 3)	e of 2. 3. Transaction Date Execution Date, if any			ransaction of ode (Instr. Deriv		ative rities ired osed	6. Date Exerc Expiration Da (Month/Day/Y		te	7. Title and Amount of Securities Underlying Derivative Security (Instr. : and 4)		Deri Sec (Ins	rice of vative urity tr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	F D O (I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amou or Numb of Share	er					

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 \$40.97 to \$41.97, 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. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$41.98 to \$42.76, 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.

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 & Robyn Jones Descendants

12/19/2019

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.