FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject to | STATEME |
|------------------------------------------------------------|---------|
| Section 16. Form 4 or Form 5 obligations may continue. See | |
| Instruction 1(b). | File |

INT 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

| Name and Address of Reporting Person* Colby Michael C. | | | | | | | 2. Issuer Name and Ticker or Trading Symbol Goosehead Insurance, Inc. [GSHD] | | | | | | | | | | all app Direc | licable) | ıg Per | Person(s) to Issuer 10% Owner Other (specifi | |
|---------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------|-------------------|------------------------------|-------|--------------------------------------------------------------------------------|---------|------------------------------|---------|-----------|---------|----------------|---------------------|--------------------------------------|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|--------------------------------------------------------------------|-----------------------------------------------------|----------------------------------------|
| | Last) (First) (Middle) C/O GOOSEHEAD INSURANCE, INC. 500 SOLANA BLVD., BUILDING 4, STE 4500 | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/16/2019 | | | | | | | | | | below) below) President and COO | | | | |
| (Street) WESTLA (City) | | State) | | 76262 Zip) | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Indi Line) X | vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | | Table | e I - Nor | n-Deriv | ative | Se | curitie | s Acc | quired, | Dis | posed o | f, o | r Ben | efic | ially | Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | ır) E | 2A. Deemed Execution Date, f any (Month/Day/Year) | | 3. Transa Code (8) | | | | | | 4 and Se | | 5. Amount of Securities Beneficially Owned Following | | wnership n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | | Code | v | Amount | ount (A) or Pi | | Pric | | | ted action(s) 3 and 4) | | | (Instr. 4) |
| Class A Common Stock 08/16/ | | | | | | /2019 | 2019 | | | S | | 20,36 | 20,365 D | | \$4 | 13.5 | 173,650 | | | I | By Colby 2014 Family Trust |
| Class A Common Stock | | | | | | | | | | | | | | | | 75,631 | | | D | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | | |
| Derivative Conversion Date | | nsaction th/Day/Year) | 3A. Deeme Execution if any (Month/Da | Date, ny/Year) | 4. Transa Code (8) | | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Expiration (Month/D | n Date | Amount of | | nstr. 3 | Deri Sec (Ins | rice of vative urity tr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | F C | 10. Ownership Form: Direct (D) or Indirect I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |

Explanation of Responses:

Remarks:

/s/ P. Ryan Langston, as Attorney-in-Fact for Michael

08/20/2019

Date

C. Colby

** 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.