FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT 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

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)						2. Issuer Name and Ticker or Trading Symbol Goosehead Insurance, Inc. [GSHD] 3. Date of Earliest Transaction (Month/Day/Year) 12/17/2018 4. If Amendment, Date of Original Filed (Month/Day/Year)									Relationship of Reporting Persor Check all applicable) Director X Officer (give title below) Member of 10% own Individual or Joint/Group Filing (Cine) X Form filed by One Reporting				pecify
(City)															Form filed by More than One Reporting Person				
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Y					tion	2A. D Execu	eeme ution	d	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and			5. Amou Securiti Benefici Owned		es ally Following	Form (D) o	r Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) or (D)	Price	Reporte Transac (Instr. 3		tion(s)			Instr. 4)
Class B Common Stock 12/17/20						18			C		38,835	D	\$ <mark>0</mark>	\$0 13,2		17,929		D	
Class A Common Stock 12/17/20					2018	18			C		38,835	A	\$0		1,787,116			D	
Class A Common Stock 12/17/20					2018	.8			S		38,835	D	\$27.265	S27.2654 ⁽¹⁾ 1,7		48,281		D	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transa Code (8)			vative urities uired or oosed O) (Instr.	Expiration (Month/Day			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Der Sec	rice of ivative curity ctr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	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	12/17/2018			C			38,835		(2)	(2)	Class A Commor Stock	38,835	5	\$0	13,217,9	29	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 \$27.00 to \$27.78, 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 & 12/18/2018 Robyn Jones Descendants Trust <u>2014</u>

** 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.