#### 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(b).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours por rosponso:	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*     Jones Mark Evan					2. Issuer Name <b>and</b> Ticker or Trading Symbol Goosehead Insurance, Inc. [ GSHD ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director X 10% Owner							
(Last) (First) (Middle) C/O GOOSEHEAD INSURANCE, INC. 1500 SOLANA BLVD., BUILDING 4, STE 4500					3. Date of Earliest Transaction (Month/Day/Year) 12/05/2019								X Officer (give title X Other (specify below)  CEO / Member of 10% owner group							
(Street) WESTLA (City)	WESTLAKE TX 76262			- <b>4</b>	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person							
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
Date		2. Transaction Date (Month/Day/Ye	ear)	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)						5)	5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
								Code	v	Am	ount (	A) or D)	Price	Price		tion(s) and 4)			(Instr. 4)	
Class A Common Stock 12/05/			12/05/201	9	1			S		1	5,741	D	\$40.1565(1)		319,128		I		By Mark and Robyn Jones Descendants Trust 2014	
Class A Common Stock <sup>(2)</sup>															725,801			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)	ative Conversion Date Execution Date, if any			saction e (Instr. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		ive ies ed ed	Expiration Date (Month/Day/Year)  Date Expiration			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)  Amoun or Numbe of Title Shares		. 3	8. Price of Derivative Security (Instr. 5)  Security Benefic Owned Followin Reporte Transac (Instr. 4)		e es ally g	10. Ownersl Form: Direct (I or Indire (I) (Instr.	Beneficial Ownership ct (Instr. 4)			

## **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 \$40.00 to \$40.48, 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. This does not reflect shares directly held by the reporting person's spouse, who is independently a reporting person of the issuer.

#### Remarks:

The sales reported were effected pursuant to a Rule 10b5-1 trading plan adopted by the Mark and Robyn Jones Descendants Trust 2014.

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

12/06/2019

**Evan Jones** 

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.