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:	3235-0287								
Estimated average burden									
hours par 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* Mark & Robyn Jones Descendants Trust						2. Issuer Name and Ticker or Trading Symbol Goosehead Insurance, Inc. [GSHD]									Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner						
<u>2014</u>																(give title	X	Other (s	specify		
(Last)	`	rst) (Middle))		3. Date of Earliest Transaction (Month/Day/Year) 02/11/2019									below) A below) Member of 10% owner group						
		/D., BLDG 4, S		20																	
					_ 4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) WESTLAKE TX 76262				_										X Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City)	(St	ate) (Zip)																		
		Tab	e I - N	Non-Deriv	vative	Sec	uriti	es A	cquire	ed, D	isposed o	of, or B	enefici	ally	Owned	ł					
		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		es ially Following	Forn (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership					
									Code	v	Amount	(A) or (D)	Price			orted saction(s) 7. 3 and 4)			(Instr. 4)		
Class B Common Stock 02/11/201				019	19		С		7,702	D	\$0	0 12,		373,238		D					
Class A Common Stock 02/11/202				019	19		С	П	7,702	A	\$0	0 1,7		55,983		D					
Class A Common Stock 02/11/20				019	19		S		7,702	D	\$27.263	\$27.2635 ⁽¹⁾		1,748,281		D					
		Т	able I								sposed of , converti				wned						
Derivative Conversion Date		3. Transaction Date (Month/Day/Year)	if any	eemed tion Date, h/Day/Year)	4. Transa Code (8)				6. Date Exercisable an Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4)		De Se (In	rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	ly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amoun or Numbe of Shares	r							
LLC Units in Goosehead Financial, LLC	\$0.0	02/11/2019			С			7,702	(:	2)	(2)	Class A Commor Stock	7,702	2	\$0	12,873,2	38	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 \$27.01 to \$27.52, 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.

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 <u>Trust 2014</u>

02/11/2019

** 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.