### FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington D.C. 20549

wasnington,	D.C.	20549

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

# STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
ОМВ	Number:	3235-0287						
Estimated average burden								
hours	ner resnonse.	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*     Coleman Desiree											g Symbol <u>C.</u> [ GSHD	]		Relationship neck all appl Direct	icable) or	X	10% Ov	vner
	OSEHEAD	rst) ( INSURANCE, I /D., BLDG 4, S		0		3. Date of Earliest Transaction (Month/Day/Year)  10/30/2019  4. If Amendment, Date of Original Filed (Month/Day/Year)								below	Officer (give title below)  Member of 10% owner group			
(Street) WESTLA (City)		tate) (	76262 Zip)		-									e) X Form Form Perso	lividual 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				ction	on 2A. Deemed Execution Date,			3. Transaction Code (Instr. 8)  4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a			l (A) or	5. Amount of Securities Beneficially Owned Followir		Forn (D) o	n: Direct or Indirect	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price	Reporte Transa (Instr. 3	ction(s)			(Instr. 4)
Class B Common Stock				10/30/	2019				С		1,679	D	\$0	49	3,253		D	
Class A C	Class A Common Stock 10/30/			2019				С		1,679	A	\$0	1	,679		D		
Class A Common Stock 10/30/20			2019	)19		S		1,679	D	\$50.013	\$50.011(1)			D				
		Т	able II								posed of converti			y Owned				
Security or (Instr. 3) Pri	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed on Date, (Day/Year)	4. Transaction Code (Instr. 8)		5. Number of		6. Date Exercis Expiration Dat (Month/Day/Ye		ate	7. Title an Amount of Securities Underlyin Derivativo (Instr. 3 a	of s ng e Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	is Silly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amount or Number of Shares					
LLC Units in Goosehead Financial,	\$0.0	10/30/2019			С			1,679	(2)		(2)	Class A Common Stock	1,679	\$0	493,25.	3	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 \$50.00 to \$50.03, 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 Desiree
Coleman

10/30/2019

\*\* 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.