Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

CTATEMENIT	OF CHANCES	IN DENIETICIAL	OWNEDCHID
STATEMENT	OF CHANGES	IN BENEFICIAL	OMNEKSHIP

**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*     Burks Drew					2. Issuer Name and Ticker or Trading Symbol Goosehead Insurance, Inc. [ GSHD ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  Officer (give title Other (specify					ner
(Last) (First) (Middle) 1500 SOLANA BLVD BUILDING 4, SUITE 4500				3. Date of Earliest Transaction (Month/Day/Year) 04/26/2018								X	below)			below)	pecity	
(Street) WESTL	AKE T	X	76262		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						
(City)	(S	tate)	(Zip)															
		Tab	le I - Non-	Derivat	ive S	ecurit	es A	cq	uired, Di	sposed	of, or Be	nefic	ially	Owned				
Date			2. Transac Date Month/Da	Execution Date,			Code (Inst	Transaction Disposed Of (D) (Instr. 3, 4 Code (Instr. 5)			4 and Securitie Beneficia		es Fo ally (D) Following (I)		orm: Direct ) or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
			Code V				Amount	(A) o (D)	r Pric	Transacti		ion(s)		[	insu. 4)			
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)	ate Execution D	ate, Transaction Code (Instr.				(I	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		5	price of Derivative Gecurity Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Cod	le V	(A)	(D)		Date Exercisable	Expiration Date	Title	Amou or Numb of Share	oer					
Employee Stock Options (right to buy)	\$10	04/26/2018		A		50,00	00		(1)	04/26/2028	Class A Common Stock	50,0	00	\$0	50,000	0	D	

## **Explanation of Responses:**

1. One third (1/3rd) of the shares subject to the option shall vest and become exercisable, subject to continued employment, on each of the second, third and fourth anniversaries of the grant date; provided, that all shares subject to the option will vest and become exercisable if Mr. Burks' employment is terminated without "cause" or for "good reason" (each as defined in either Mr. Burks' option award agreement or the issuer's omnibus incentive plan) within six month following a "change in control" (as defined in the issuer's omnibus incentive plan).

/s/ P. Ryan Langston, as

04/30/2018 Attorney-in-Fact for Drew

**Burks** 

\*\* 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.