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
netruction 1(h)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
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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						2. Issuer Name and Ticker or Trading Symbol Goosehead Insurance, Inc. [GSHD]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner Officer (give title X Other (specify						
(Last) (First) (Middle) C/O GOOSEHEAD INSURANCE, INC.						3. Date of Earliest Transaction (Month/Day/Year) 01/15/2020									Member of 10% owner group					
1500 SOLANA BLVD., BLDG 4, STE 4500 (Street) WESTLAKE TX 76262 (City) (State) (Zip)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indiv Line) X	·					
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day					Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4)			and 5) Sec Ben Owr		icially d Following	Form: D (D) or In	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership					
									Code	v	Amount	(A) or (D)		ce	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Class A Common Stock 01/15/2					.020		S		18,173	B D \$45		15.05 ⁽¹⁾	5,711		D					
Class A Common Stock 01/15/2				2020	020		S		2,853	3 D \$4!		15.41 ⁽²⁾	2,858		D					
		Та	ble II -								osed of, convertib				wned					
Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any				ransaction of ode (Instr. Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)				9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		11. Nature of Indirect Beneficial Ownership (Instr. 4)					
					Code V		(A)	(D)	Date Exercisable		Expiration Date	Title	Amou or Numb of Share	er						

- 1. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$44.33 to \$45.32, 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. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$45.34 to \$45.50, 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.

The sales reported were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person. Following the reported transaction above, Mark and Robyn Jones, together with their trusts, continue to own beneficially 1,476,549 shares of Class A Common Stock and 14,600,441 shares of Class B Common Stock, for a total of 16,076,990 shares of Goosehead Insurance, Inc.

/s/ P. Ryan Langston, as Attorney-in-Fact for Mark & Robyn Jones Descendants

01/16/2020

Trust 2014

** Signature of Reporting Person

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.