FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPRO	OVAL								
OMB Number:	3235-0287								
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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 Serena					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							
	OSEHEAD	rst) (INSURANCE, I /D., BLDG 4, ST				ate of 21/20		est Trai	nsactio	n (Mon	th/Day/Year)			Officer (give title X Other (specification) Member of 10% owner group						
(Street) WESTLA			76262 Zip)		- 4. If	4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Lit									ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tabl	e I - N	Non-Deriv	/ative	Sec	uriti	ies A	cquir	ed, D	isposed c	of, or B	enefici	ally (Owned	i				
Date			2. Transacti Date (Month/Day	Year) Exec		A. Deemed xecution Date, 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	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price		Reporte Transac (Instr. 3	tion(s)			(Instr. 4)	
Class B Common Stock 02/2			02/21/20	019	19			С		1,500	D	\$0	\$0		,115,474		D			
Class A Common Stock 02/21/			02/21/20	019	19			С		1,500	Α	\$0	\$0		1,500		D			
Class A C	ass A Common Stock 02/21/20			019	19		S		1,500	D	\$34.00	\$34.0033(1)		0		D				
		Т	able I								posed of , converti				wned			•		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution Date, if any (Month/Day/Year)		4. Transa Code (8)				Expira	te Exer ation D :h/Day/		7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)		De Se (In	Price of rivative curity str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	is lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amour or Number of Shares	er						
LLC Units in Goosehead Financial,	\$0.0	02/21/2019			С			1,500		2)	(2)	Class A Common Stock			\$0	1,115,47	74	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 \$34.00 to \$34.01, 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 Serena 02/25/2019

<u>Jones</u>

** 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.