#### FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, [	D.C.	20549
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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(h)

#### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

1. Name and Address of Reporting Person* <u>Jones Robyn Mary Elizabeth</u>					2. Issuer Name <b>and</b> Ticker or Trading Symbol Goosehead Insurance, Inc. [ GSHD ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director X 10% Owner						
(Last) (First) (Middle) C/O GOOSEHEAD INSURANCE, INC. 1500 SOLANA BLVD., BUILDING 4, STE 4500					3. Date of Earliest Transaction (Month/Day/Year) 01/13/2020								Officer (give title X Other (specify below)  Member of 10% owner group						
(Street) WESTLA			7626 (Zip)	52	4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)								G. Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person					
		Tabl	le I ·	- Non-Deriv	ative	Sec	uritie	s Acc	quire	d, Di	isposed	of, o	r Benefic	ially Ov	/ned				
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Yea	ar) E	2A. Deemed Execution Date, if any (Month/Day/Year)		Cod	Transaction Code (Instr.		Securities asposed Of (		d (A) or r. 3, 4 and 5)	Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
								Cod	le V	An	nount	(A) or (D)	Price		ted action(s) 3 and 4)			(Instr. 4)	
Class A Common Stock 0			01/13/2020	)			S		3	31,510	D	\$44.5239	(1) 2	44,535		I	By Mark and Robyn Jones Descendants Trust 2014		
Class A Common Stock <sup>(2)</sup>									$\top$					747,890		747,890			
		Та	able	II - Derivat (e.g., p									Beneficial Securities		ed				
1. Title of Derivative Security (Instr. 3)	rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any		ecution Date, ny	4. Transa Code 8)		of Deriva Secur Acqui (A) or Dispo of (D)	erivative curities equired o or sposed (D) str. 3, 4			e Exercisable and tion Date n/Day/Year)		itle and ount of curities derlying ivative curity (Instr. 3	Report Transa (Instr		ve ies ially ng ed ction(s)	10. Ownersl Form: Direct (D or Indire (I) (Instr.	Beneficial Ownership ct (Instr. 4)		

## **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 \$44.00 to \$45.00, 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. This does not reflect shares directly held by the reporting person's spouse, who is independently a reporting person of the issuer.

### Remarks:

The sales reported were effected pursuant to a Rule 10b5-1 trading plan adopted by the Mark and Robyn Jones Descendants Trust 2014. Following the reported transaction above, Mark and Robyn Jones, together with their trusts, continue to beneficially own 1,518,226 shares of Class A common stock and 17,423,022 shares of Class B common stock, for a total of 18,941,248 shares of Goosehead Insurance,

/s/ P. Ryan Langston, as 01/14/2020 Attorney-in-Fact for Robyn Mary Elizabeth Jones

\*\* 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.