FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington.	DC	20549	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							

0.5

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

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1. Name and Address of Reporting Person* <u>Colby Michael C.</u>						2. Issuer Name and Ticker or Trading Symbol Goosehead Insurance, Inc. [GSHD]									all appl	o of Reporting Person(s) to Issulicable) tor 10% Ow							
<u> </u>	1										Direct												
,					_									X	Office	r (give title		Other (: below)	specify				
(Last)	(Fir	rst) (I	Middle)			3. Date of Earliest Transaction (Month/Day/Year)									,								
C/O GOO	SEHEAD	INSURANCE, II	NC.		11/2	11/25/2019								President and COO									
·					1																		
1500 SOLANA BLVD., BUILDING 4, STE 4500					<u> </u>											C. Individual or Joint/Croup Filing (Cheek Assissable							
					. 4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)								
(Street)														X	Form	filed by One	Renor	rting Perso	n				
WESTLA	KE TX	K 7	6262											Λ		m filed by One Reporting Person							
,					.									Form filed by More than One Reporting Person									
(City)	(C+	ate) (2	Zin)												. 0.00								
(City)	(30	ate) (a	Zip)																				
		Tab	le I - N	lon-Deriv	vative	Sec	uritie	s Ac	quire	d, Di	sposed o	f, or B	enefici	ally C	Owne	d							
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day				Execution Date,		ate,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an			Beneficia Owned F		ties cially I Following	Form (D) or	vnership :: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership						
							Code	v	Amount	(A) or (D)	Price			ted action(s) 3 and 4)			(Instr. 4)						
Class A Common Stock 11/25/20					019	19		S		12,000	D	\$45.18	19 ⁽¹⁾	19(1) 63,63			D						
Class A Common Stock														14	43,402		I	By Colby 2014 Family Trust					
		Τ,	hla II	Dorivo	tivo S	COLLE	itios	Λοαι	iirod	Dicn	osed of,	or Don	oficiall	· · ·	mod								
		10	abie ii								convertib			y Ow	iieu								
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date Exec (Month/Day/Year) if an	if any	emed tion Date, n/Day/Year)	4. Transa Code (I 8)			rative rities iired r osed)	6. Date Exe Expiration (Month/Day		ate	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		Deri Seci	ivative curity Str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	O Fo Di (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
					Code	v	(A)	(D)	Date Exercisabl		Expiration Date	Title	or Number of Shares										

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 \$45.02 to \$45.86, 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.

Remarks:

/s/ P. Ryan Langston, as Attorney-in-Fact for Michael C. 11/26/2019 Colby

** 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.