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

washington,	D.C.	2054

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

	OMB APPROVAL								
Ī	OMB Number:	3235-0287							
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Ш	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* Mark & Robyn Jones Descendants Trust 2014					G	2. Issuer Name and Ticker or Trading Symbol Goosehead Insurance, Inc. [GSHD]								eck all applic	or X 10% Or (give title X Other (wner specify	
(Last)	(Fi	rst)	(Middle))		3. Date of Earliest Transaction (Month/Day/Year) 02/07/2019							Men	Member of 10% owner gro		vner grou		
C/O GOO	OSEHEAD	INSURANCE,	INC.															
1500 SOLANA BLVD., BLDG 4, STE 4500				4. 1	If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
(Street)					_								Line	,	ilad by Ona	Dono	orting Borco	,
WESTL													Form f	Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(St	tate)	(Zip)											r ersor				
		Tab	le I - I	Non-Deri	vativ	e Sec	urit	ies Ac	quire	ed, D	isposed o	f, or B	eneficial	y Owned				
Da		2. Transac Date (Month/Da	Exe //Year) if ar		Execution Date, if any		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and				es ially Following	Form (D) o	n: Direct r Indirect nstr. 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 02/07/20				2019	19		С		12,457	D	\$ <mark>0</mark>	12,8	93,743		D			
Class A C	Class A Common Stock 02/07/20			2019	19		С		12,457	A	\$0	1,760,738			D			
Class A Common Stock 02/07/20			2019	19		S		12,457	D	\$28.2644	1,748,281			D				
		٦	Table								posed of, , convertil			Owned				
Derivative Conversion Date Ex Security or Exercise (Month/Day/Year) if a		if any	ion Date, Transa		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		ate	7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4)		Derivative Security	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	ly	Ownershi Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)		
				C		v	(A)	(D)	Date Exerc	cisable	Expiration Date	Title	Amount or Number of Shares					
LLC Units in Goosehead Financial,	\$0.0	02/07/2019			С			12,457	((2)	(2)	Class A Commor Stock	12,457	\$0	12,893,7	'43	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 \$27.93 to \$28.50, 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.

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 Mark &
Robyn Jones Descendants Trust
2014

** 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.