FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	DC	20549
wasinington,	D.C.	20343

STATEMENT	OF CHANGES	IN BENEFICIAL	<b>OWNERSHIP</b>
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OMB APPROVAL										
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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

(Last) 1500 SO	on Patrick	rst) (	Middle	e)	2. Issuer Name and Ticker or Trading Symbol     Goosehead Insurance, Inc. [ GSHD ]  3. Date of Earliest Transaction (Month/Day/Year) 04/29/2020										all appli Directo Officer below)	or 10% Owner r (give title Other (specify			
(Street) WESTLA (City)	AKE TX	K 7	76262 Zip)	!		4. If Amendment, Date of Original Filed (Month/Day/Year) 05/01/2020								Indivi ne) X					
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Ye			Year)	Execution Date,		ate,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 ar			nd 5) Securit Benefic Owned		ties Fo cially (D) Following (I)		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code V		Amount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Class A Common Stock 04/29/202					)20	20			M		19,724	A	\$10	56		6,861		D	
Class A Common Stock 04/29/202					)20	20			S		19,724	D	\$55.487	.874 <sup>(1)</sup> 37		37,137		D	
		Ta	able	II - Deriva (e.g., p							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)	if any	ution Date,		nsaction of Derivat Securit (A) or Dispos of (D) (3, 4 and		ivative urities uired or oosed O) (Instr.	ed ed enstr.			Amor Secu Unde	rlying ative rity (Instr.	Der Sec		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)
					Code	v	(A)	(D)	Dat Exe	te ercisable	Expiration e Date	ı Title	Amount or Number of Shares						
Employee Stock Options (right to	\$10	04/29/2020			M			19,724		(2)	04/26/202	Class 8 A Stock	19,724		\$0	100,000	)	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 \$55.00 to \$56.23, 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. One third (1/3rd) of the option, which represents the right to purchase a total of 120,000 shares, shall vest and become exercisable, subject to continued employment, on each of the second, third and fourth anniversaries of the grant date, which was April 26, 2018; provided, that all shares subject to the option will vest and become exercisable if Mr. Langston's employment is terminated without "cause" or for "good reason" (each as defined in either Mr. Langston's option award agreement or the issuer's omnibus incentive plan) within six month following a "change in control" (as defined in the issuer's omnibus incentive plan).

## Remarks:

 $The \ exercise \ reported \ was \ effected \ pursuant \ to \ a \ Rule \ 10b5-1 \ trading \ plan \ adopted \ by \ the \ reporting \ person.$ 

<u>/s/ P. Ryan Langston</u> <u>05/19/2020</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.