FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
hours per response.	0.5							

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

1. Name and Address of Reporting Person Jones Robyn Mary Elizabeth					2. Issuer Name and Ticker or Trading Symbol Goosehead Insurance, Inc. [GSHD]							S. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner Officer (circle title - Other (care))									
	OSEHEAD	rst) INSURANCE, I /D., BUILDING				3. Date of Earliest Transaction (Month/Day/Year) 10/12/2020							Officer (give title X Other (specify below) Member of 10% owner group								
(Street) WESTLA	AKE T	X	76262		_	4. If Amendment, Date of Original Filed (Month/Day/Year)						Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person									
(City) (State) (Zip)					ivativ	ative Securities Acquired, Disposed of, or Benefic							Ponofic	cially Owned							
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Y		ion	2A. Deemed Execution Date,		d Date,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and		5. Amount of Securities Beneficially Owned Following			6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership						
									Code	v	Amount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Class B C	Common Sto	ock		10/12/2	020				C		31,688	D	\$0		13,000,4	96	96 I		By Trust ⁽¹⁾		
Class A C	Common Sto	ock		10/12/2	020				С		31,688	A	\$0	31,688		3 I		By Mark and Robyn Jones Descendan Trust 2014		Robyn s endants	
Class A C	Common Sto	ock		10/12/2	020				S		31,688	D	\$96.74	441 0		I		By Mark and Robyn Jones Descendants Trust 2014			
Class A C	Common Sto	ock ⁽²⁾													333,790) D				
Class B Common Stock ⁽²⁾			182,349		9 D																
			Table								sposed of				Owned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed	4. Transa Code (8)	ction	5. No of Deri Secu Acqu (A) of Disp of (E	umber 6. Date Expirat (Month urities uired		Expiration Date of So (Month/Day/Year) Undo Deriv		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		ınt	8. Price of Derivative Security (Instr. 5)	deriva Secur Benef Owne Follow Repor Trans	Securities Beneficially Dwned		(D) rect tr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amou or Numb of Sha	er							
LLC Units in Goosehead Financial, LLC	\$0.0	10/12/2020			С	31,688		31,688	(3)		(3)	Class A Commor Stock		688 \$0		13,000,496		I		By Trust ⁽¹⁾	
LLC Units in Goosehead Financial, LLC ⁽²⁾	\$0.0								(3)	(3)	Class A Commor Stock		349		182,349		2,349 D			

Explanation of Responses:

- 1. Reflects shares of Class A Common Stock, shares of Class B Common Stock or LLC Units, as applicable, held in trust for which the reporting person serves as a trustee and of which immediate family members of the reporting person are beneficiaries.
- 2. This does not reflect shares directly held by the reporting person's spouse, who is independently a reporting person of the issuer.
- 3. 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 Mark and Robyn Jones Descendants Trust 2014.

/s/ P. Ryan Langston, as Attorney-in-Fact for Robyn 10/14/2020 Mary Elizabeth Jones

** Signature of Reporting Person

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

^{*} 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).