FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|---------------------|----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | | |
| Estimated average b | ourden | | | | | | | |

0.5

hours per response:

| Officers this box if the 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(b) of the Investment Company Act of 1940

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|--|--|--------|-----------|--|---|---|------------|-----------|--|---------|--------------------|---|-----------------|--------|--|--|---|---|------------|--|--|
| 1. Name and Address of Reporting Person* | | | | | 2. Issuer Name and Ticker or Trading Symbol Goosehead Insurance, Inc. [GSHD] | | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
| Colby Mark S. | | | | | | Goodenedd Histianice, Inc. [Goinb] | | | | | | | | | | Direc | ctor | 10% | Owner | | |
| | | | | | | | | | | | | | | _ | X | | er (give title | | r (specify | | |
| (Last) | (Fi | rst) (| 3. D | 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | | belov | , | belo | , l | | | | |
| C/O GOOSEHEAD INSURANCE, INC. | | | | | | 10/29/2019 | | | | | | | | | | | Chief Fina | ncial Office | | | |
| · · · · · · · · · · · · · · · · · · · | | | | | | | | | | | | | | | | | | | | | |
| 1500 SOLANA BLVD., BUILDING 4, STE 4500 | | | | | 1 If | 4. If Amondment, Date of Original Filed (Month/Day/Veer) | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| | | | | | 4. " | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | Line) | | | | | |
| (Street) | TATE OF T | , | 100.00 | | | | | | | | | | | | X | Form | n filed by One | Reporting Pe | rson | | |
| WESTLA | KE T | ζ , | 6262 | | | | | | | | | | | | | Form | n filed by Mor | e than One Re | porting | | |
| | | | | | | | | | | | | | | | | Pers | | | .p-:9 | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | | | | |
| | | Tabl | e I - Non | -Deriva | ative | Se | curitie | s Acc | quired | , Dis | posed o | f, or | Ben | eficia | ally | Owne | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | /Day/Year) i | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code | Transaction Code (Instr. | | | | | | 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 A Common Stock 10/29 | | | | | /2019 | | | S | | 832 | | D | \$50 | | 21,657 | | D | | | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | | | | Transa Code (| ransaction Code (Instr. | | of E | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | rice of vative urity tr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transactions (Instr. 4) | Ownershi Form: Direct (D) or Indirec (I) (Instr. 4 | Beneficial Ownership (Instr. 4) | | | |
| | | | | | Code V | | (A) | (D) | | | Expiration Date | Title | or Nur of | Number | | | | | | | |

Explanation of Responses:

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 S. 10/30/2019

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.