FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Check this box if no longer subject to	STATEMENT OF CH
Section 16. Form 4 or Form 5	
obligations may continue. See	
Instruction 1(b).	Filed pursuant to Se

HANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden 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

Name and Address of Reporting Person* Colby Mark S.						2. Issuer Name and Ticker or Trading Symbol Goosehead Insurance, Inc. [GSHD]									Check	ionship of Reporting all applicable) Director Officer (give title		109	o Issuer o Owner er (specify
	OSEHEAD	INSURANCE, I		4500		3. Date of Earliest Transaction (Month/Day/Year) 06/17/2019									X	belov	v)	beloncial Office	w)
1500 SOLANA BLVD., BUILDING 4, STE 4500 (Street) WESTLAKE TX 76262 (City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year)									i. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tabl	e I - No	on-Deriv	ative	Sec	uritie	s Ac	quired	l, Di	sposed o	f, or	Ber	nefici	ally	Owne	ed		
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day						Execution Date,			3. Transaction Code (Instr. 8) 4. Securities Acquired Disposed Of (D) (Instr.					d 5)	5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect	
									Code	v	Amount	Amount (A) (C)		Price	Transa		action(s) 3 and 4)		(111501.4)
Class A Common Stock 06/17/2					2019	019					1,679		D	\$40.57(1)		35,458		D	
Class A Common Stock 06/17/2					2019	019			S		385		D	\$41.34(2)		35,073		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)	Conversion or Exercise Price of Derivative Security Date (Month/Day/Year) Execution Date, if any (Month/Day/Year)		4. Transa Code (8)	(Instr. Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date			Amount of Securities Underlying Derivative Security (Instr. and 4)		nstr. 3	nt er		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownersh Form: Direct (D or Indirec (I) (Instr.	Beneficial Ownership t (Instr. 4)			

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 \$40.12 to \$41.10, 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. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$41.15 to \$41.69, 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:

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. 06/18/2019 Colby

Date

** Signature of Reporting Person

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.