### FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

washington, D.C. 20549	OMB APPROVAL		
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-02	

87 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*					2. Issuer Name <b>and</b> Ticker or Trading Symbol Goosehead Insurance, Inc. [GSHD]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u>Colby Mark S.</u>			1	Goosenead Hisurance, Inc. [ Gond ]									Direc	ctor	10% (	Owner		
					-   _									X	Offic	er (give title w)	Other below	(specify )
(Last)	(F	First)	(Middle)	)		3. Date of Earliest Transaction (Month/Day/Year)										Chief Fina	ncial Officer	
C/O GOOSEHEAD INSURANCE, INC.			00/	08/26/2019								Chief i maneiai Officei						
1500 SOLANA BLVD., BUILDING 4, STE 4500																		
1500 50EEEEE DET D., DOILDING 4, 51E 4500			4 11	4. If Amendment, Date of Original Filed (Month/Day/Year)							6	6. Individual or Joint/Group Filing (Check Applicable						
			-	4. If Amendment, Date of Original Filed (Month/Day/Teal)								Line)						
(Street)	VICE OF	37	<b>7</b> 0000											X	Forn	n filed by One	Reporting Pers	son
WESTLA	AKE T	X	76262												Form filed by More than One Reporting			
					-										Pers			
(City)	(5	State)	(Zip)															
		Tab	le I - 1	Non-Deriv	ative	Sec	uritie	s Ad	cquire	ed, Di	sposed o	f, or E	Benefici	ally (	Owne	ed		
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Y				Execution Date,		3. Transaction Code (Instr. 8)  4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a			d (A) or r. 3, 4 and	nd 5) Secu Bene Own		ficially d 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 08/26/2			019	19		S		1,032	D	\$45.02	52 <sup>(1)</sup>	2	27,849	D				
		Ta	able II								osed of,				vned		,	•
				(e.g., p	uts, c	alis,	warr	ants	, opti	ons,	convertib	ole sec	curities					
Derivative Conversion Date Execusive Or Exercise (Month/Day/Year) if any		eemed Ition Date, h/Day/Year)	4. Transaction Code (Instr. 8)		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)		7. Title and Amount of Securities Underlying Derivative Security (Instr. : and 4)		8. Price of Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exerc	cisable	Expiration Date	Title	Amount or Number of Shares					

#### **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 \$45.00 to \$45.10, 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.

## 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.

08/28/2019

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.