FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPROVAL										
l	OMB Number:	3235-0287									
l	Estimated average burden										

0.5

hours per response:

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 s	Section	30(h)	of the I	nvestme	nt Co	ompany Ac	t of 19	40								
1. Name and Address of Reporting Person* Jones Robyn Mary Elizabeth						2. Issuer Name and Ticker or Trading Symbol Goosehead Insurance, Inc. [GSHD]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Jones Robyn Mary Enzabeth															X Direc			X 10 ⁰	% Owner		
(Last)	(Fir	rst) (I	Midd	le)	3. 🖸	Date of Earliest Transaction (Month/Day/Year)									Offic below	ner (specify ow)					
C/O GOO	SEHEAD	INSURANCE, I	NC.		12/	12/13/2019									Member of 10% owner group						
1500 SOLANA BLVD., BUILDING 4, STE 4500																					
					- 4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
(Street) WESTLAKE TX 7626			'626	52			·								Line) X Form filed by One Reporting Person Form filed by More than One Reporting						
(City) (State) (Zip)																on					
		Tabl	eI-	Non-Deriv	ative	Sec	uritie	s Ac	quired	, Di	sposed	of, o	Benefi	cial	ly Own	ed					
D			2. Transaction Date (Month/Day/Ye	ar) Ex	2A. Deemed Execution Date, if any (Month/Day/Year)			3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5				5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
								Cod	le V	Am		(A) or (D)	Price		Transacti (Instr. 3 a	action(s)			(Instr. 4)		
Class A Common Stock 12/13/			12/13/2019	9			S		3	3,905	D	\$40.0249 ⁽¹⁾		279,753		I		By Mark and Robyn Jones Descendants Trust 2014			
Class A Common Stock ⁽²⁾															747,890		D				
		Та	ble	II - Derivat (e.g., p									eneficia ecuritie		Owned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	on Date se (Month/Day/Year) i	Exe if ar			action (Instr.	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiratio (Month/D				7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		B. Price of Derivative Gecurity Instr. 5)	9. Numbo derivativ Securitie Beneficia Owned Followin Reported Transact (Instr. 4)	e s ally g	10. Ownersh Form: Direct (D or Indire (I) (Instr.	Beneficial Ownership ct (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisa	able	Expiratior Date	ı Title	Amoun or Numbe of Shares	r							

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 \$40.00 to \$40.09, 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. This does not reflect shares directly held by the reporting person's spouse, who is independently a reporting person of the issuer.

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 12/17/2019

Mary Elizabeth Jones

** 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.