FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

TATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPRO	DVAL							
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* Mark & Robyn Jones Descendants Trust					2. Issuer Name and Ticker or Trading Symbol Goosehead Insurance, Inc. [GSHD]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u> </u>	Onco Dedection	-	100													2			
				3 5	ate of	Earling	t Trans	action (I	Month	/Day/Voar)			\dashv			7		(specify	
Last) (First) (Middle)					01/09/2020									M	Member of 10% owner group			ıp	
OSEHEAD	INSURANCE, I	NC.																	
LANA BIX	/D., BLDG 4, ST	ΓΕ 4500)																
				4. If	Amer	dment	, Date o	of Origina	al File	d (Month/Da	ay/Year)			or Joint/Group	Filin	ng (Check A	pplicable	
													["	,	m filed by One	e Rep	orting Pers	on	
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(9)	rato) (Zin)												FCI	5011				
(3)	.ale) (<u> </u>																	
	Tabl	e I - No	on-Deriv	ative	Sec	uritie	s Ac	quired	, Dis	sposed o	f, or I	Bene	ficia	lly Own	ed				
Date					Execution Date,								5) Secu Bene Own	ırities F eficially (ed Following (m: Direct or Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount	(A) (D)	or	rice	Trans	action(s)			(1130.4)	
Common Sto	ock		01/09/	2020				S		10,688	Г) (344.3	5(1)	96,697		D		
Common Sto	ock		01/09/	2020				S		2,290	Γ) [644.9	5 ⁽²⁾	94,407		D		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
L. Title of Derivative Security Instr. 3) 2. Conversion or Exercise Price of Derivative Security Instr. 3) 3. Transaction Date (Month/Day/Year) (Month/Day/Year) 34. Deemed Execution Date, if any (Month/Day/Year)		on Date, Day/Year)	Code (8)	ansaction of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Date			Amoun or Number of		unt	Derivative Security	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
	(Fi DSEHEAD LANA BLA AKE TO (SI Common Storm	(First) (COSEHEAD INSURANCE, ILANA BLVD., BLDG 4, STANE TX (State) (Common Stock Common Stock Common Stock Table Conversion or Exercise Price of Derivative (Month/Day/Year)	(First) (Middle) DSEHEAD INSURANCE, INC. LANA BLVD., BLDG 4, STE 4500 AKE TX 76262 (State) (Zip) Table I - No Security (Instr. 3) Common Stock Table II - 2. Conversion or Exercise Price of Derivative (Month/Day/Year) Table II - 2. Sample of Date (Month/Day/Year) AA Deet Execution of Execution of Exercise Price of Derivative (Month/Day/Year)	(First) (Middle) DSEHEAD INSURANCE, INC. LANA BLVD., BLDG 4, STE 4500 AKE TX 76262 (State) (Zip) Table I - Non-Deriv Security (Instr. 3) Common Stock 01/09/ Table II - Derivat (e.g., pt Conversion or Exercise Price of Derivative (Month/Day/Year) 2. (Month/Day/Year) 3. Transaction Date (Month/Day/Year) (Month/Day/Year)	(First) (Middle) OSEHEAD INSURANCE, INC. 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[GSHD] (First) (Middle) DSEHEAD INSURANCE, INC. LANA BLVD., BLDG 4, STE 4500 Table 1 - Non-Derivative Securities Acquired, Disposed of, or Benefic (Month/Day/Year) (State) (Zip) Table 1 - Non-Derivative Securities Acquired, Disposed of (D) (Instr. 3) 2. Transaction Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) Common Stock 01/09/2020 S 10,688 D \$ Table II - Derivative Securities Acquired, Disposed of, or Benefic (e.g., puts, calls, warrants, options, convertible securities Acquired (Ap) or price of Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) Table II - Derivative Securities Acquired, Disposed of, or Benefic (e.g., puts, calls, warrants, options, convertible securities Acquired (Ap) or price of Date (Month/Day/Year) (Mo	Goosehead Insurance, Inc. [GSHD] (First) (Middle) DSEHEAD INSURANCE, INC. 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[GSHD] Goosehead Insurance in	Goosehead Insurance, Inc. [GSHD] Goosehead Insurance, Inc. [Goosehead Insuran	Check all applicables Chec	

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 \$43.82 to \$44.82, 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 \$44.83 to \$45.24, 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 & Robyn Jones Descendants

01/13/2020

Trust 2014

** 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.