FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
notruction 1/h)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
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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* Jones Robyn Mary Elizabeth				2. Issuer Name and Ticker or Trading Symbol Goosehead Insurance, Inc. [GSHD]							5. Relationship of (Check all applied X Directo		olicable)	orting P	. ,	to Issuer % Owner		
(Last) (First) (Middle) C/O GOOSEHEAD INSURANCE, INC. 1500 SOLANA BLVD., BUILDING 4, STE 4500					3. Date of Earliest Transaction (Month/Day/Year) 01/14/2020									belov	,			ner (specify low) roup
(Street) WESTLA			76262 Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year) 01/14/2020							Line	Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tabl	e I - Non-Deriv	ativ	e Sec	uritie	s Ac	quir	red, C	Disposed	of, o	r Benefic	cial	y Owne	ed			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye		ar) E	2A. Deemed Execution Date, if any (Month/Day/Year)		Cod	Transaction Code (Instr.					Beneficially Owned Following		s Illy ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
							Cod	Code V		Amount	(A) or (D)	r Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Class A Common Stock 01/14/2020)			S	S		20,651	D	\$44.4329(1)		23,884		I		By Mark and Robyn Jones Descendants Trust 2014	
Class A Common Stock ⁽²⁾												747,890		D				
		Та	ble II - Derivat (e.g., p							sposed o				Owned				
1. Title of Derivative Security (Instr. 3)	erivative Conversion or Exercise (Month/Day/Year) str. 3) Price of Derivative Security Execution Date, if any (Month/Day/Year)			saction e (Instr.	5. Nun of Deriv. Secun Acqu (A) or Dispo of (D) (Instrand 5	ative ities red sed 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year) Date Exercisable Expiration Date			Am Sec Und Der Sec and	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Number of Title Shares		. Price of lerivative lecurity nstr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownersl Form: Direct (I or Indire (I) (Instr.	Beneficial Ownership ct (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 \$43.97 to \$44.92, 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 reporting person. The purpose of this amendment is solely to amend the language in the footnote to this previously filed Form 4. Following the reported transaction above, the correct number of shares Mark and Robyn Jones, together with their trusts, continue to own beneficially is 1,497,575 shares of Class A Common Stock and 14,600,441 shares of Class B Common Stock, for a total of 16,098,016 shares of Goosehead Insurance, Inc.

/s/ P. Ryan Langston, as

Attorney-in-Fact for Robyn

01/16/2020

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.