FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL
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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

						2. Issuer Name and Ticker or Trading Symbol WESTWOOD HOLDINGS GROUP INC [WHG]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner Officer (give title Other (specify					
						3. Date of Earliest Transaction (Month/Day/Year) 12/11/2007									belo			below)	· · ·
					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)				
(Street) RYE NY 10580													Form filed by One Reporting Person Form filed by More than One Reporting						
(City) (State) (Zip)														Pers	on			-	
Table I - Non-Derivative S						Secı	ritie	s Ace	quired,	Dis	posed of	f, or B	Benefi	cially	Own	ed			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/1)				/Year)	Execution Date,				Disposed	ecurities Acquired (posed Of (D) (Instr. 3			Secur Benet Owne Follo	ficially d wing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount	(A) ((D)	Pri Pri	Price		Reported Transaction(s) (Instr. 3 and 4)				
Common Stock			12/11/2	007				S		500			9.908	1,205,400		D ⁽¹⁾			
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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution Date, 1 if any 0			Transaction Code (Instr.		imber vative rities iired r osed) 5. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)		ate	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		of De Sec (In	Price rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	0 F D 0 (1) 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amou or Numb of Share	er					
1. Name and Address of Reporting Person [•] GAMCO INVESTORS, INC. ET AL																			
(Last) (First) (M ONE CORPORATE CENTER			Middle)		-														
(Street) RYE NY 1			0580		-														
(City) (State) (Zip)																			
1. Name and Address of Reporting Person* GABELLI MARIO J				_															
(Last)(First)(Middle)C/O GAMCO INVESTORS, INCONE CORPORATE CENTER																			
(Street) RYE NY 10580																			
(City) (State) (Zip)				_															

1. Name and Address of Reporting Person [*] GGCP, INC.							
(Last) 140 GREENWICH	(First) I AVENUE	(Middle)					
(Street) GREENWICH	СТ	06830					
(City)	(State)	(Zip)					

Explanation of Responses:

1. These securities are owned by GAMCO Investors, Inc. ("GBL"). GGCP, Inc. and Mr. Mario J. Gabelli have less than a 100% interest in GBL and hereby disclaim ownership of these securities in excess of their pecuniary interests.

/s/ James E. McKee Attorney-
in-Fact for MARIO J.GABELLI and GGCP, INC.and Secretary for GAMCO
INVESTORS, INC.

** 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.