## 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

1. Name and Address of Reporting Person <sup>*</sup> <u>GABELLIASSET MANAGEMENT INC</u> <u>ET AL</u>				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				Owner					
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 03/31/2005											belo			below			
ONE CORPORATE CENTER					4. lf /	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Inc Line)		or Joint/Grou	p Fil	ling (Check	Applicable	
(Street) RYE NY 10580													Form filed by One Reporting Person X Form filed by More than One Reporting Person									
(City)	(S <sup>1</sup>		Zip)			_				<u> </u>	<u> </u>											
Table I - Non-Deriva       1. Title of Security (Instr. 3)     2. Transactio       Date (Month/Day/N)     2. Transactio				ion	on 2A. Deemed Execution Date,			3. Transaction Code (Instr. 8)		Ī	4. Securities Acquired ( Disposed Of (D) (Instr. 3 and 5)			ed (A	(A) or 5. An 3,4 Secu		ount of ities icially d	Fo (D) Ind	Ownership rm: Direct ) or direct (I) str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
							Code	v		Amount		(A) or (D)	Pri	ce	Repo Trans	eported ransaction(s) nstr. 3 and 4)		54. 4)	(1130.4)			
Commo	n Stock			03/31/2	005					Р			2,000		Α	\$1	8.99	1,0	028,050		D	
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)	ivative Conversion Date Execut urity or Exercise (Month/Day/Year) if any		tion Date, Trans		ode (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exerci Expiration Da (Month/Day/Yo		ate	e . ar)	7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)		f g	of De Se (Ir	Price erivative curity istr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transactior (Instr. 4)	Owner Form: Direct or Ind (I) (Ins 4)	Ownership Form: Direct (D) or Indirect (I) (Instr.	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	,	(A) (D	)	Date Exercisa			xpiration ate	Title	or Nu of	mbe	r					
1		f Reporting Person ET MANAGE		NT INC	<u>ET</u>	_																
(Last) (First) (Middle) ONE CORPORATE CENTER																						
(Street)				-																		
RYE					-																	
(City)		(State)	(Z	ip)																		

1. Name and Addre		rson						
(Last)	(First)	(Middle)						
C/O GABELLI A	SSET MANAG	EMENT INC						
ONE CORPORA	TE CENTER							
(Street)								
RYE	NY	10580						
(City)	(State)	(Zip)						
1. Name and Addre GABELLI GF INC		rson <sup>*</sup> TAL PARTNERS						
(Last)	(First)	(Middle)						
140 GREENWICH AVENUE								
(Street)								
GREENWICH	СТ	06830						
(City)	(State)	(Zip)						

Explanation of Responses:

/s/ James E. McKee Attorneyin-Fact for MARIO J. GABELLI and Secretary for GABELLI ASSET MANAGEMENT INC. and GGCP, INC.

04/01/2005

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 $^{\ast}$  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.