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 [®] GAMCO INVESTORS, INC. ET AL				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 (cive title								
(Last) (First) (Middle) ONE CORPORATE CENTER					3. Date of Earliest Transaction (Month/Day/Year) 09/27/2012								Officer (give title Other (specify below) below)							
				4. lf <i>A</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
(Street) <u>RYE</u> NY 10580													Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person							
(City) (State) (Zip)																				
		Tabl	el-	Non-Deriv	ative	Se	cu	rities A	cquir	ed	, Di	sposed of	f, or B	enefi	cially	Own	ed	,		
1. Title of Security (Instr. 3) Date (Month/Day/Ye				/ear) E	xec an	Deemed ecution Date, ny onth/Day/Year)		3. Transaction Code (Instr. 8)			es Acquired (A) o Df (D) (Instr. 3, 4 a			Secu	ficially ed	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	,	v	Amount	(A) or (D)	Pric	e	Repo Trans				
Common	Stock			09/25/20	12	2			S		L	1,200	D	\$39	9.4872	831,630		D ⁽¹⁾		
				09/26/203					G			5,000	D		\$ <mark>0</mark>	8	826,630		D ⁽¹⁾	
Common Stock 09/26/201								S			200	D	\$39.74		826,430		D ⁽¹⁾			
		Та	ble	II - Derivati (e.g., pu					-	•	•	osed of, o				wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Exec if an	ıy 🛛	4. Transactio Code (Inst 8)		on tr.	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, and 5)	Exp e (Mo s	Expiration I (Month/Day)			7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		Secu (Instr	vative urity tr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownersh Form: Direct (D or Indire (I) (Instr. 4)	ownership orm: virect (D) r Indirect) (Instr.	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	,	v	(A) (D)	Dat Exe		sable	Expiration Date	Title	Amou or Numb of Share	er					
		f Reporting Person STORS, INC		<u>Γ AL</u>																
(Last) ONE CO	RPORATE	(First) CENTER		(Middle)		-														
(Street) RYE		NY		10580		_														
(City)		(State)		(Zip)																

1. Name and Add	Iress of Reporting Pers MARIO J	son [*]	
(Last)	(First)	(Middle)	
C/O GAMCO	INVESTORS, INC		
ONE CORPOR	RATE CENTER		
(Street)			
RYE	NY	10580	
(City)	(State)	(Zip)	
1. Name and Add GGCP, INC	Iress of Reporting Pers	son [*]	
(Last)	(First)	(Middle)	
140 GREENW	ICH AVENUE		
(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.

<u>/s/ Douglas R. Jamieson,</u> <u>Attomey-In-Fact for MARIO J.</u> <u>GABELLI, GGCP, INC., and</u> <u>GAMCO INVESTORS, INC.</u>

** 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.