## 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> 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							
(Last) (First) (Middle) ONE CORPORATE CENTER					3. Date of Earliest Transaction (Month/Day/Year) 05/14/2012								Offic belo	er (give title w)	Othe belov		(specify		
(Street) RYE NY 10580				4. lf	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Indiv Line) X	Form filed by One Reporting Person			son			
(City) (State) (Zip)													Person						
		Tabl	el-	Non-Deriv	ative	Se	curiti	es Ao	quired	l, Di	sposed of	f, or Be	enefi	cially	Own	ed			
1. Title of Security (Instr. 3) Date (Month/Day/Ye					ear) Exec		Deemed coution Date, ny onth/Day/Year)		3. Transaction Code (Instr. 8)			os Acquired (A) Df (D) (Instr. 3, 4		4 and Secu Bene Own		nount of rities ficially ed wing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)
								Code	v	Amount	(A) or (D)	Price	9	Reported Transaction(s) (Instr. 3 and 4)				(1130. 4)	
Common Stock 05/14/2012				.2				S		1,000	D	\$36	36.6039		88,500	1	<b>D</b> <sup>(1)</sup>		
Common Stock 05/15/2012				12				S		1,500	D	\$37	\$37.3021		887,000		<b>D</b> <sup>(1)</sup>		
		Та	ble	II - Derivati (e.q., pt							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	ifany		4. Transaction Code (Instr. 8)		Number rivative curities quired or sposed (D) str. 3, 4 d 5)	Expiration I (Month/Day/		Date	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)				9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code		/ (A)	(D)	Date Exerci	sable	Expiration Date		Amou or Numb of Shares	er					
		f Reporting Person STORS, INC		<u>r al</u>															
(Last) ONE CO	RPORATE	(First) CENTER		(Middle)															
(Street) RYE		NY		10580															
(City) (State) (Zip)		(Zip)																	

1. Name and Add	Iress of Reporting Pers MARIO J	son <sup>*</sup>	
(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 <sup>*</sup>	
(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.