## 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

4															,						
1. Name and Address of Reporting Person <sup>*</sup> GAMCO INVESTORS, INC. ET AL					WE	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)	(Fir	,	Middle)		- 3. Da	ite c	of Ear		rans	action (M	lonth	/Day/Year)	)		_			er (give title			(specify
ONE CO	RPORATE	CENTER			<u> </u>		2007			of Origina	l Filor	d (Month/E	)av/\	(par)		S Indi	vidual d	or Joint/Grou	n Fil	ing (Check /	Annlicable
(Street)						-1110	JIIGIII	ын, De		ongina			/ay/	r car)		_ine)					
RYE	N	Z :	10580													x		n filed by One n filed by Mor on			
(City)	(St	ate) (	Zip)																		
		Tab	le I - N	Non-Deriv					Acq	uired,	Disp	1				-	Own	ed			
1. Title of Security (Instr. 3) 2. Transactio Date (Month/Day/						(Year) Executio		eemed tion Date, n/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired ( Disposed Of (D) (Instr. 3 and 5)				3,4 Secur Bener Owne		icially d	6. Ownership Form: Direct (D) or Indirect (I)		7. Nature of Indirect Beneficial Ownership
										Code	v	Amount		(A) or (D)	Pric	e			(Ins	str. 4)	(Instr. 4)
Common	Stock			11/23/2	.007					S		200		D	\$3	4.8	1,2	221,500		<b>D</b> <sup>(1)</sup>	
Common	Stock			11/23/2	007					S		200		D	\$ <del>3</del> -	4.82	1,2	21,300		<b>D</b> <sup>(1)</sup>	
		Та	able II	- Derivat (e.g., pi													wned				
1. Title of	2.	3. Transaction		eemed	4.	5. Number			6. Date Exercisable and 7.			7.	7. Title and				9. Number			11. Nature of Indirect	
Derivative Conversion Date Security or Exercise (Month/Day/Yea Instr. 3) Price of Derivative Security		(Month/Day/Year)	ifany		Transaction Code (Instr. 8)		tr. D S A (/ D o'			(Month/Day/Ye			Amount of Securities Underlying Derivative Security (Ins 3 and 4)		9	Der Sec	ivative surity str. 5)	Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Form: Direct (D) or Indirec (I) (Instr. 4)	Direct (D) or Indirect (I) (Instr.	Beneficial Ownership
					Code	<b>v</b>	/ (#	A) (C	))	Date Exercisa		Expiration Date	Tit	or Nu of	mber						
1. Name ar	nd Address o	f Reporting Persor	, ,*																		
GAMC	<u>O INVES</u>	STORS, INC	. <u>ET</u>	<u>AL</u>																	
(Last)	RPORATE	(First)	(M	liddle)		-															
						-															
(Street) RYE		NY	1(	0580																	
(City)		(State)	(Z	ip)		_															

GABELLI M	<u>ARIO J</u>		
(Last)	(First)	(Middle)	
C/O GAMCO IN	VESTORS, INC		
ONE CORPORA	ATE CENTER		
(Street)			
RYE	NY	10580	
(City)	(State)	(Zip)	
1. Name and Addre	ess of Reporting Perso	n*	
(Last)	(First)	(Middle)	
140 GREENWI	CH AVENUE		
(Street)			
	СТ	06830	
GREENWICH	CI		

## 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 Attorneyin-Fact for MARIO J. GABELLI and GGCP, INC. 11/26/2007 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.