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					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)wner		
(Last) (First) (Middle) ONE CORPORATE CENTER					3. Date of Earliest Transaction (Month/Day/Year) 07/17/2008									Officer (give title Other (specify below) below)				· · · ·	
(Street) RYE (City)	NY (Sta	ate) (Z	0580 (ip)			If Amendment, Date of Original Filed (Month/Day/Year)							, 1	Line)	vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Table	e I -	Non-Deriv	ative S	ecu	ırities	Ac	quired	, Di	sposed of	f, or B	enefic	ially	Owne	ed			
Date				2. Transactio Date (Month/Day/Y	ear) Ex	P.A. Deemed Execution Date, f any Month/Day/Year)		∍,			4. Securitie Disposed C 5)			and Secur Benef Owned Follow Repor Trans		icially d	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership
								Code	v	Amount	(A) or (D)	Price				(Instr. 4)			
Common Stock 07/17/200				18			G		2,000	D \$		0	1,152,900		D ⁽¹⁾				
Common Stock 07/17/200)8				S		6,100	D \$48.59		5921	21 1,146,800		D ⁽¹⁾				
		Та	ble	II - Derivati (e.g., pu				•	,	•	osed of, convertib			•	vned				
Derivative Conversion Date Ex Security or Exercise (Month/Day/Year) if		Exec if an	Deemed ution Date, y nth/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration I e (Month/Day s		ate	7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)		Secu	vative	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Owner Form Direct or In (I) (Ir 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amount or Number of Shares						
		Reporting Person		- 11															

(Last)	(First)	(Middle)
ONE CORPO	DRATE CENTER	
(Street)		
RYE	NY	10580
(City)	(State)	(Zip)

1. Name and Address of Reporting Person* GABELLI MARIO J									
(Last)	(First)	(Middle)							
C/O GAMCO INVESTORS, INC.									
ONE CORPORATE CENTER									
(Street)									
RYE	NY	10580							
(City)	(State)	(Zip)							
1. Name and Address of Reporting Person* GGCP, INC.									
(Last)	(First)	(Middle)							
140 GREENWICH AVENUE									
(Street)									
GREENWICH	CT	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/ Peter D. Goldstein,
Attorney-in-Fact for MARIO J.
GABELLI, GGCP, INC., and
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.