ET AL

(Last)

(Street)

RYE

(City)

**GABELLI FUNDS** 

### 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

X 10% Owner

below)

Other (specify

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

(First)

NY

(State)

# 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\* 2. Issuer Name and Ticker or Trading Symbol 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) WESTWOOD HOLDINGS GROUP INC **GABELLI ASSET MANAGEMENT INC** Director [WHG] Officer (give title 3. Date of Earliest Transaction (Month/Day/Year) below) 12/11/2003 (Middle) 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) ONE CORPORATE CENTER Form filed by One Reporting Person Form filed by More than One Reporting Х Person 10580 (Zip)

#### Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I)	of Indirect Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	Following Reported Transaction(s) (Instr. 3 and 4)	(Instr. 4)	(Instr. 4)
Common Stock	12/11/2003		Р		200	A	<b>\$16.98</b>	621,250	D	

#### Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

			(e.g., p	uts, cai	is,	warra	ants,	opuons, o	convertib	ie sec	unues)				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transact Code (In 8)		5. Nu of Deriv Secur Acqu (A) or Dispo of (D) (Instr and 5	ative rities ired osed . 3, 4	6. Date Exer Expiration D (Month/Day/	ate	Amour Securi Under Deriva	nt of ties ying tive ty (Instr.	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

1. Name and Address of Reporting Person\*

### GABELLI ASSET MANAGEMENT INC ET AL

(Last)	(First)	(Middle)
GABELLI FU	UNDS	
ONE CORPO	ORATE CENTER	

(Street)

NY

(City)

RYE

(Zip)

10580

(State)

1. Name and Address of Reporting Person <sup>*</sup> GABELLI MARIO J							
(Last)	(First)	(Middle)					
C/O GABEL	LI ASSET MANAG	EMENT INC					
ONE CORPO	ORATE CENTER						
(Street)							
RYE	NY	10580					
(City)	(State)	(Zip)					
	ddress of Reporting Pe GROUP CAPI	rson <sup>*</sup> TAL PARTNERS					
(Last)	(First)	(Middle)					
(Street)							
(City)	(State)	(Zip)					

Explanation of Responses:

/s/ James E. McKee Attorney-<br/>in-Fact for MARIO J.GABELLI and Secretary of<br/>GABELLI ASSET12/12/2003MANGEMENT INC. AND<br/>GABELLI GROUP CAPITAL<br/>PARTNERS, 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.