FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL
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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 Officer (give title Other (specify					
(Last) (First) (Middle) ONE CORPORATE CENTER						3. Date of Earliest Transaction (Month/Day/Year) 06/03/2009									Offic belov	er (give title w)		Other below)	· · ·
						4. If Amendment, Date of Original Filed (Month/Day/Year)									/idual c	or Joint/Group	o Filir	ng (Check A	Applicable
(Street) RYE 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	vative	Secu	uritie	s Ac	quired	, Di	sposed of	f, or B	enefic	cially	Owne	ed			
1. Title of Security (Instr. 3) Date (Month/Day/Ye					Year) i	Execution Date,		Transaction I		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)				Secur	ficially ed	Fori (D) (Indi	Ownership m: Direct or irect (I) tr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) or (D)	Price	1	Repo Trans				(1130.4)
Common Stock 06/03/20				09	19			S		2,200	D \$43.0		.0868	8 972,600		D ⁽¹⁾			
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Exec if an	Deemed cution Date, iy nth/Day/Year)	4. Transa Code (8)				Expiration E (Month/Day/		Date	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		Secu (Inst	rice ivative urity tr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	C F C (4	10. 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	Amour or Numbe of Shares	er					
1. Name and Address of Reporting Person [®] GAMCO INVESTORS, INC. ET AL																			
(Last) (First) (N ONE CORPORATE CENTER			(Middle)		_														
(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	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/ Peter D. Goldstein.</u> <u>Attorney-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.