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* GABELLI ASSET MANAGEMENT INC ET AL (Last) (First) (Middle)					2. Issuer Name and Ticker or Trading Symbol WESTWOOD HOLDINGS GROUP INC [WHG] 3. Date of Earliest Transaction (Month/Day/Year) 07/06/2005								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner Officer (give title Other (specify below) below)								
(Last) (First) (Middle) ONE CORPORATE CENTER				4. lf <i>F</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person							
(Street) <u>RYE</u> NY 10580												X Form filed by More than One Reporting Person									
(City) (State) (Zip)																					
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day)				tion	on 2A. Deemed Execution Date,			3. Transaction Code (Instr.		4. Securities Acquire Disposed Of (D) (Inst and 5)		ed (A) tr. 3,	d (A) or r. 3, 4 E		wned Amount of ecurities beneficially wned ollowing leported ransaction(s)		Ownership m: Direct or irect (I) str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
	Sta -1-			07/05/2	0.05					P	Ľ	<u> </u>		(D)	_		(Instr.	3 and 4)	<u> </u>	D ⁽¹⁾	
Common Stock 07/05/2005 Table II - Derivative Sec						cu	iriti	es A	Acqu		spc	3,20 osed of,		A Benef		7.95 Ily Ov		084,950		D	
1. Title of	2.	3. Transaction	3A. De	(e.g., pu	uts, ca 4.	lls			ants,	-		onverti		Securi		8. Pr	rice	9. Number	of	10.	11. Nature
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year)	if any	tion Date, h/Day/Year)	Transa Code (I 8)		tr. [4 (0 (Secur Acqu (A) or Dispo of (D)	r osed) [.] .3,4	Expiratio (Month/I			S U D S	mount o ecurities nderlyin erivative ecurity (I and 4)	g	of Deri Secu (Inst			/ 	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership (Instr. 4)
					Code	v	, ((A)	(D)	Date Exercisa		Expiratior Date		or Nu of	ımber						
		f Reporting Person ET MANAGE		NT INC	<u>ET</u>																
(Last) (First) (Middle) ONE CORPORATE CENTER																					
(Street) RYE NY 105)580		-																	
(City) (State) (Zip		ip)		_																	

1. Name and Addres	1 0	erson [*]							
(Last)	(First)	(Middle)							
C/O GABELLI ASSET MANAGEMENT INC									
ONE CORPORATE CENTER									
(Street)									
RYE	NY	10580							
(City)	(State)	(Zip)							
1. Name and Address of Reporting Person [*] GABELLI GROUP CAPITAL PARTNERS INC									
(Last)	(First)	(Middle)							
140 GREENWICH AVENUE									
(Street)									
GREENWICH	СТ	06830							
(City)	(State)	(Zip)							

Explanation of Responses:

1. These securities are owned by Gabelli Asset Management 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.
 07/06/2005

 and Secretary for GABELLI
 ASSET MANAGEMENT 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.