RYE

(City)

NY

(State)

10580

(Zip)

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.					

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							ities Exchan ompany Act			1				
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]									Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner					
(Last) (First) (Middle) ONE CORPORATE CENTER				3. Date of Earliest Transaction (Month/Day/Year) 10/14/2005									Officer (give title Other (specify below) below)					
(Street) RYE NY 10580 (City) (State) (Zip)				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tabl	e I -	Non-Deriv	ative S	Se	cui	rities A	cauire	d. Di	sposed o	f. or E	Benefi	cial	IIv Owne	ed e		
Table I - Non-Deriv 1. Title of Security (Instr. 3) 2. Transactio Date (Month/Day/N			n 2A. De Execut 'ear) if any		Deer cution		3. Transaction Code (Instr. 8)		4. Securitie	es Acquired (A) Of (D) (Instr. 3,		or	5. Am Secur Benet Owne	ount of ities ficially d wing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) o (D)	FIIC		(Instr	rted action(s) . 3 and 4)		
Common	Stock			10/14/20					P	<u> </u>	800	A		3.13)97,750	D ⁽¹⁾	
		Та	ble	II - Derivat (e.g., p	ive Se uts, ca	Cu IIs	ıriti S, V	ies Acq varrants	uired, s, optic	Disp ons,	osed of, convertib	or Bei le sec	nefici: :uritie	ally es)	Owned			
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Execurity or Exercise (Month/Day/Year) if		Exed if ar	Deemed cution Date, ny nth/Day/Year)		Transaction Code (Instr.		5. Number of Derivative Securities (A) or Disposed of (D) (Instr. 3, 4 and 5)	Expiration [e (Month/Day/s		Date	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	ļ	,	(A) (D)	Date Exerc	isable	Expiration Date	Title	Amou or Numb of Share	er				
		Reporting Person		ΓAL														
(Last) ONE CO	RPORATE	(First) CENTER		(Middle)														
(Street)	:	NY		10580		-												
(City)		(State)		(Zip)														
	nd Address of	Reporting Person	•															
		(First) STORS, INC. CENTER		(Middle)														
(Street)																		

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/ James E. McKee Attorneyin-Fact for MARIO J. GABELLI and GGCP, INC. 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.