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 Officer (give title Other (specify				
(Last) (First) (Middle) ONE CORPORATE CENTER						3. Date of Earliest Transaction (Month/Day/Year) 07/09/2008										icer (give title ow)		Other below)	· · ·
					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)										l or Joint/Grou	ıp Fi	iling (Check A	Applicable
(Street) RYE NY 10580													Lin	Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person					
(City) (State) (Zip)																			
		Tabl	e I - I	Non-Deriv	ative \$	Secu	iritie	s Aco	quired,	Disp	osed o	f, or E	Benef	ficia	lly Ow	ned			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/					Execution Date,		Transaction Di			ecurities Acquired posed Of (D) (Instr. 5)			Secu Ben Own	mount of urities eficially ed owing	Fo (D) Inc	Ownership orm: Direct) or direct (I) ostr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
							Code	v	Amount	(A) (D)	or F	Price	Rep Trar	orted saction(s) r. 3 and 4)	Ĺ	,			
Common	on Stock 07/09/20)08			S		200	D \$		\$42.		1,169,600		D ⁽¹⁾		
		Та	ble II	- Derivat (e.g., p	ive Se uts, ca	curi IIs, v	ties / warra	Acqu ants,	ired, Di option:	spo s, co	sed of, o	or Be le sec	nefic curiti	ially es)	/ Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution Date, if any			Transaction Code (Instr.		mber vative rities lired r osed) :. 3, 4 5)	6. Date Exercisable Expiration Date (Month/Day/Year)		te	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)			8. Price of Derivativ Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transactior (Instr. 4)	,	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amo or Num of Shar	ber					
1. Name and Address of Reporting Person [*] GAMCO INVESTORS, INC. ET AL																			
(Last) (First) (Midd ONE CORPORATE CENTER				liddle)		-													
(Street) RYE NY 10			0580		~														
(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

Signature of Reporting Person

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.