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					
(Last) (First) (Middle) ONE CORPORATE CENTER					3. Di	3. Date of Earliest Transaction (Month/Day/Year) 06/12/2009									Offic belo	er (give title w)		Other below)	(specify
(Street) RYE NY 10580					4. lf	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Inc Line)	vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting				
(City)	(Sta	State) (Zip)												Pers	•	e man	One Rep	Joning	
		Tabl	el-	Non-Deriv	ative	Sec	uritie	s Ac	quired,	Dis	posed of	f, or E	Benefi	icially	v Own	ed			
1. Title of Security (Instr. 3) Date (Month/Day/)						Execution Date,		Transaction Dispose Code (Instr. 5)		Disposed	ties Acquired (A I Of (D) (Instr. 3,			Secur	ficially d wing	Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	v	Amount	(A) or (D) Pri		ice	Transaction(s) (Instr. 3 and 4)					
Common Stock 06/12/2											800	D		\$42.775				D ⁽¹⁾	
		Та	ble l	l - Derivat (e.g., p							osed of, o onvertib)wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execu if any	Execution Date, 1 if any 0		4. Transaction Code (Instr. 8)		umber vative rities uired r osed) r. 3, 4 5)	6. Date Exercisa Expiration Date (Month/Day/Yea		ite	e and Amount o Securities Underlyin Derivative Security (I 3 and 4)		of De Se (In	Price rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirec (I) (Instr. 4)	wnership orm: rect (D) Indirect (Instr.	Beneficial Ownership
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amou or Numb of Share	er					
1. Name and Address of Reporting Person [*] GAMCO INVESTORS, INC. ET AL																			
(Last) (First) (Mide ONE CORPORATE CENTER				Middle)															
(Street) RYE NY 1			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

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.