FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
|--------------|------|-------|
| vacinington, | D.O. | _00.0 |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average | burden | | | | | | | | |
| hours per response | 9. 0.5 | | | | | | | | |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person* Lockridge Matthew | | | | | 2. Issuer Name and Ticker or Trading Symbol WESTWOOD HOLDINGS GROUP INC WHG | | | | | | | | | Check | all app Direc | licable) | ng Person(s) to Is 10% O Other (| | wner | |
|---|--|--|---|----------|---|---|--|--|--------|--------------------------------------|---|------------------------------|----------|---|--|----------|--|--|------------|--|
| (Last) 200 CRE | (Fir | , | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/23/2024 | | | | | | | | X | below) | | below) Value Inv. | | opcony | |
| STE 1200 | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) DALLAS TX 75201 | | | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | - 1 | |
| (City) | (Sta | ate) (Z | Zip) | | Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | | | | | | |
| | | Table | I - Nor | n-Deriva | tive S | Secui | rities | Acq | uired, | Dis | osed of | or Be | nefic | ially | Own | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | Execution | | Date, | | | es Acquired (A) Of (D) (Instr. 3, | | 5, 4 and Secu Bene Own | | cially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) P | | 9 | Reported Transaction(s) (Instr. 3 and 4) | | | | (111511.4) | |
| common stock 02/23/ | | | | /2024 | | F | | 6,827 | D | \$1 | 2 70,283 | |),283 | | D | | | | | |
| | 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) | 3A. Dee Executive if any (Month/) | | 4. Transaction Code (Instr. 8) 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) Code V (A) (D) | | rative rities ired r osed) : 3, 4 | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) Amount or Number of Title Shares | | nt er | | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |

Explanation of Responses:

Remarks:

Jonathan R. Nahhat, attorney- 02/27/2024

** 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.