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

					or Seci	tion .	30(n) o	it the ir	nvestmen	t Con	npany Act	01 1940	)						
1. Name and Address of Reporting Person*  GAMCO INVESTORS, INC. ET AL				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) 07/03/2008								Officer (give title Other (specify below) below)				` '		
						. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable							
(Street) RYE	NY	1	0580											Line)		n filed by One		_	
(City)	(Sta	ate) (Z	ľip)												r era	OII			
		Table	e I - N	lon-Deriv	ative S	Seci	uritie	s Acc	uired,	Dis	posed o	f, or I	Benefi	icially	Own	ed			
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day				Execution Date,			3. Transact Code (In 8)		4. Securities Acquired (A Disposed Of (D) (Instr. 3 and 5)				Secur Benef Owne	icially d	For (D) Indi	irect (I)	7. Nature of Indirect Beneficial Ownership		
							Code	v	Amount	(A (D	or P	rice			(Ins	tr. 4)	(Instr. 4)		
Common	Stock			07/03/2	008		G		2,000		D	\$0		,170,400		<b>D</b> <sup>(1)</sup>			
Common Stock 07/03/2				008		S	П	100		D \$	41.98	1,1	170,300		<b>D</b> <sup>(1)</sup>				
		Та	ble II	- Derivati (e.g., pเ											wned				
Security or Exercise (Month/Day/Year) if any		eemed tion Date, h/Day/Year)	4. Transaction Code (Instr. 8)		n of		6. Date Exercis Expiration Dat (Month/Day/Ye		te	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		of De Se (In	Price rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr.	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amou or Numb of Share	er					
		Reporting Person STORS, INC.	ET	AL															
(Last)	(	(First)	(M	liddle)															

GAMCO	INVESTORS, INC	C. ET AL	
(Last)	(First)	(Middle)	
ONE CORPO	ORATE CENTER		
(Street)			
RYE	NY	10580	
(City)	(State)	(Zip)	

1. Name and Address GABELLI MA	of Reporting Person*							
(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	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/ Peter D. Goldstein,
Attorney-In-Fact for MARIO J.
GABELLI, GGCP, INC., and
GAMCO INVESTORS, INC.

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.