FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL							
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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  (Last) (First) (Middle)  ONE CORPORATE CENTER					WE [ W 3. Da 08/2	Issuer Name and Ticker or Trading Symbol     WESTWOOD HOLDINGS GROUP INC     [ WHG ]      3. Date of Earliest Transaction (Month/Day/Year)     08/23/2012						NC	Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director X 10% Owner     Officer (give title Other (specify below) below)				owner (specify		
(Street) RYE (City)	NY (Sta	ate) (Z	058( Zip)			4. If Amendment, Date of Original Filed (Month/Day/Year)  ative Securities Acquired, Disposed of, or Benefi						,	Line)	Form filed by One Reporting Person  X Form filed by More than One Reporting Person					
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Ye				'ear)	2A. Deemed Execution Date,			3. Transac Code (Ir 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			or 5. Am Secur Benet Owne		ficially ed	Fori (D) d Indi	rect (I)	7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount (A)		Price	Price		Following Reported Transaction(s) (Instr. 3 and 4)		tr. 4)	(Instr. 4)	
Common	Stock			08/23/203	.2			S		200	D	\$37	7.23	854,900			<b>D</b> <sup>(1)</sup>		
Common Stock 08/24/201				12			S		1,400	D	\$37.	7.0957		853,500		<b>D</b> <sup>(1)</sup>			
		Та	ble	II - Derivati (e.g., ρι							osed of, convertib				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	Deemed cution Date, y nth/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration I e (Month/Day s		Date	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		Sec	rice ivative urity tr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4)	F C 0 (1	0. Ownership Form: Direct (D) or Indirect I) (Instr.	Beneficial Ownership
					Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Title	Amoun or Numbe of Shares						
		Reporting Person	<u>ЕТ</u>	AL															

	INVESTORS, INC		
(Last)	(First)	(Middle)	
ONE CORPO	ORATE CENTER		
(Street)			
RYE	NY	10580	
(City)	(State)	(Zip)	

1. Name and Address of Reporting Person*  GABELLI MARIO J								
(Last)	(First)	(Middle)						
C/O GAMCO INV	ESTORS, 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/ Douglas R. Jamieson, 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.

- \* 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.