FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPRO	VAL						
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* BYRNE SUSAN M (Last) (First) (Middle)					2. Issuer Name and Ticker or Trading Symbol WESTWOOD HOLDINGS GROUP INC [WHG]										Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner Officer (give title X Other (specify)					
(Last) 200 CRE	3. Date of Earliest Transaction (Month/Day/Year) 02/08/2013										below) A below) Chairman, Board of Directors									
SUITE 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					
(City)	(Sta	ate) (Z	ľip)																	
		Table	e I - Non-Deriv	ative S	ecu	ırities	Acq	uir	ed,	Disposed	l of,	, or	Benefici	iall	y Own	ed	,			
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		tion I		3. Trans Code 8)					cquired (A) or D) (Instr. 3, 4 and 5			5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
						Code	e V		Amount	(A) or (D)	r Price		Report Transa (Instr. 3		d tion(s)	(11301. 4)		(mou. 1)		
common	stock	02/08/2013				S			2,500	D	D \$41.39 ⁽		1)	67,500		I		Family Foundation		
common stock			02/11/2013				S	s		2,500	,500 D \$42.11		\$42.1375	65,000		I		Family Foundation		
common stock														446,649		D				
common stock															25,	076		I	By spouse	
		Та	ble II - Derivat e.g., pı)							sposed o s, conver					Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Num of Derive Secur Acqui (A) or Dispo of (D) (Instr.	ative ities red sed	Ехр	iratio	Exercisable and on Date Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)		of D	Price f erivative ecurity nstr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)		10. Ownership Form: Direct (D) or Indirec (I) (Instr. 4)	Beneficial Ownership	
				Code	v	(A)		Date Exe	e ercisal	Expirati ble Date		Title	Amount or Number of Shares							

Explanation of Responses:

- 1. Price reflected is the weighted-average sale price for shares sold. The range of sale prices for the transactions reported was \$41.25 to \$41.95 per share. Full information regarding the number of shares sold at each separate price will be provided to the Commission staff, the issuer, or a security holder of the issuer upon request.
- 2. Price reflected is the weighted-average sale price for shares sold. The range of sale prices for the transactions reported was \$42.00 to \$42.48 per share. Full information regarding the number of shares sold at each separate price will be provided to the Commission staff, the issuer, or a security holder of the issuer upon request.

William R. Hardcastle, Jr. as attorney-in-fact

02/12/2013

** 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.