## 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 <sup>®</sup> 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. Date of Earliest Transaction (Month/Day/Year) 10/01/2007									Offic belo	cer (give title ow)		Other ( below)	(specify
(Street) RYE NY 10580				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								Lin	6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person					
(City) (State) (Zip)						2001			irad	Die		f	Donot						
Table I - Non-Deriva       1. Title of Security (Instr. 3)     2. Transaction       Date (Month/Day/				tion y/Year)	on 2A. Deemed Execution Date,			3. Transac Code (Ir 8) Code	4. Securi		ties Acquired (A) d Of (D) (Instr. 3,		(A) o	r 5. An Secu Bene Owne Follo Repo	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)		wnership n: Direct or rect (I) r. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
						<u> </u>			Ľ	<u> </u>	(D)		(In		. 3 and 4)				
				10/01/2					S		1,100	·		\$34.4			<b>D</b> <sup>(1)</sup>		
		I a		- Derivat (e.g., p							onvertib				Owned	1			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution Date, if any			Transaction Code (Instr.		vative rities iired r osed ) :. 3, 4 5)	6. Date Exercisable a Expiration Date (Month/Day/Year)		te	Amount of Securities Underlying Derivative Security (Inst 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	0 F 0 (1 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amo or Num of Shar	ber					
		Reporting Person		<u>AL</u>															
(Last) (First) (Middle) ONE CORPORATE CENTER					~														
(Street) RYE NY 10580			0580		-														
(City)		(State)	(Z	ip)															
	nd Address of	f Reporting Person	*																
(Last) (First) (Middle) C/O GABELLI ASSET MANAGEMENT INC ONE CORPORATE CENTER																			
(Street) RYE		NY	10	0580															
(City)		(State)	(Z	ip)															

1. Name and Address of Reporting Person <sup>*</sup> GGCP, INC.							
(Last) 140 GREENWICH	(First) I AVENUE	(Middle)					
(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.

/s/ James E. McKee Attorney-<br/>in-Fact for MARIO J.GABELLI and GGCP, INC.10/02/2007and Secretary for GAMCO<br/>INVESTORS, INC.10/02/2007

\*\* 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.