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 [*] GABELLI ASSET MANAGEMENT INC ET AL					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 Officer (give title Other (specify						
(Last) (First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 07/30/2004										belo	w)		below)		
ONE CORPORATE CENTER				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)				Applicable		
(Street)												Form filed by One Reporting Person							
RYE NY 10580											X Person								
(City) (State) (Zip)																			
1 Title of t	Socurity (Inc.		el-	Non-Deriv			eeme		cquireo	d, Di	sposed of 4. Securitie			-		ed	6.0	wnership	7. Nature
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Y					Execution Date,							(D) (Instr. 3, 4 and				Form: Direct (D) or Indirect (I) (Instr. 4)		of Indirect Beneficial Ownership (Instr. 4)	
							Code	v	Amount	(A) or (D)	Price	9	Repo Trans				(1150.4)		
Common Stock 07/30/20)4				Р		600	A	\$17	\$17.9867		824,150		D		
		Та	ble	II - Derivati (e.g., pu							osed of, convertib				wned	l			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Exec if an			Transaction of Code (Instr. De 8) Se Ac (A) Di of (In		Numbe f erivative cquired () or isposed f (D) nstr. 3, nd 5)	Expiration I ve (Month/Day es d			Amount Securiti Underly Derivati Security	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		rrice ivative urity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	C F 0 (1	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A	(D)	Date Exerc	isable	Expiration Date		Amour or Numbe of Shares	er					
		f Reporting Person			<u></u>														
AL	LLI ASSI																		
(Last)		(First)	((Middle)		-													
ONE CO	RPORATE	CENTER																	
(Street) RYE			10580																
(City)	City) (State) (Zip)		(Zip)																

1. Name and Address of Reporting Person [*] GABELLI MARIO J									
(Last)	(First)	(Middle)							
C/O GABELLI ASSET MANAGEMENT INC									
ONE CORPORATE CENTER									
(Street)									
RYE	NY	10580							
(City)	(State)	(Zip)							
1. Name and Address of Reporting Person [*] GABELLI GROUP CAPITAL PARTNERS INC									
(Last)	(First)	(Middle)							
140 GREENWICH AVE.									
(Street)									
GREENWICH	CT	06830							
(City)	(State)	(Zip)							

Explanation of Responses:

/s/ James E. McKee, Attorneyin-Fact for MARIO J. GABELLI and Secretary of 08/02/2004 GABELLI ASSET MANAGEMENT INC. AND GABELLI GROUP CAPITAL PARTNERS, 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.