FORM 4

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

Washington, D.C. 20549

OMB APPROVAL					
OMB Number:	3235-0287				
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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 Se	ctio	n 30(h) o	f the Ír	nvestmen	t Con	npany Act	of 19	940							
GABELLI ASSET MANAGEMENT INC				WE	2. Issuer Name and Ticker or Trading Symbol WESTWOOD HOLDINGS GROUP INC [ WHG ]								Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director							
				Date of Earliest Transaction (Month/Day/Year) 5/04/2005									low)		below)					
ONE CO	RPORATE	CENTER			4. If /	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)  RYE NY 10580  (City) (State) (Zip)														Form filed by One Reporting Person  X Person  Person						
(City)	(011		Zip) <b>e I - N</b>	Non-Deriv	ative	Se	curitie	s Acc	uired.	Dist	osed of	f. o	r Ben	efici:	ally Ow	ned				
1. Title of Security (Instr. 3)  2. Tran			2. Transact	tion 2A. Deemed Execution Date,			I Date,	3. Transac Code (In 8)	4. Secu Disposi and 5)		ties Acquired (A) or d Of (D) (Instr. 3, 4		or 5. A Sec Ber Own Fol Rep Tra	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		Ownership orm: Direct ) or direct (I) str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
Common	Stock			05/04/2	005				P		400		A	\$16	.88	,052,750		<b>D</b> <sup>(1)</sup>		
		Та	ble II	- Derivat											y Owne	d				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	ision Date Execution Date, (Month/Day/Year) if any (Month/Day/Year) ve   Execution Date, if any (Month/Day/Year)   Transaction Code (Instr.   Derivative Securities Acquired   Expiratio (Month/Day/Year)   Securities   Acquired   Expiration Code (Instr.   Derivative Securities   Derivative Securities   Code (Instr.   Derivative Securities   Derivative Securiti		n Da				g	8. Price of Derivativ Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	,	10. 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	or Nu of	mber						
		f Reporting Person		NT INC	ET_															
(Last)		(First)	(M	liddle)																
ONE CO	RPORATE	CENTER																		
(Street) RYE	·	NY	10	0580																
(City)		(State)	(Zi	ip)																
<u> </u>																				

1 Name and Addres	ss of Reporting Pe	rson*					
1. Name and Address of Reporting Person GABELLI MARIO J							
<u> </u>	<u></u>						
(Last)	(First)	(Middle)					
C/O GABELLI A	SSET MANAG	EMENT INC					
ONE CORPORATE CENTER							
(Street)							
RYE	NY	10580					
(City)	(State)	(Zip)					
1. Name and Addres	s of Reporting Pe	rson*					
GABELLI GROUP CAPITAL PARTNERS							
INC							
(Last)	(First)	(Middle)					
140 GREENWIC	H AVENUE						
(Street)							
GREENWICH	CT	06830					
(City)	(State)	(Zip)					

## **Explanation of Responses:**

1. These securities are owned by Gabelli Asset Management Inc ("GBL"). GGCP, Inc. and Mr. Mario J. Gabelli have less than a 100% indirect interest in GBL and hereby disclaim ownership of these securities in excess of their pecuniary interests.

/s/ James E. McKee Attorneyin-Fact for MARIO J. GABELLI and GGCP, INC. and Secretary of GABELLI ASSET MANAGEMENT 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.