FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
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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 [*] 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) 06/01/2005										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 Applicabl Line)				Applicable		
(Street) RYE NY 10580														x	Form filed by One Reporting Person X Form filed by More than One Reporting Person						
(City)	(St		Zip)							<u> </u>											
Table I - Non-Derivative 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year)					tion	a 2A. Deemed Execution Date, ear) if any			3. 4. Secur Transaction Code (Instr. and 5)		rities	or Ben s Acquire f (D) (Ins	ed (A)) or 5. Amount		ount of ities icially d	For (D) Ind	Ownership rm:Direct or irect (I) str.4)	7. Nature of Indirect Beneficial Ownership		
							Code	v	Amoun	t	(A) or (D) Pi		e	Reported Transaction(s) (Instr. 3 and 4)		(1115	su . 4)	(Instr. 4)			
Common	Stock			06/01/2	005					Р		1,00	0	A	\$1	6.95	1,0)63,550		D ⁽¹⁾	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																					
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Security or Exercise (Month/Day/Year		Execu if any	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)				6. Date Exercis Expiration Date (Month/Day/Yea		ate	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		f g	8. Price of Derivativ Security (Instr. 5) r.		9. Number derivative Securities Beneficially Owned Following Reported Transactior (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	ļ	,	(A)	(D)	Date Exercisa		Expiratio Date		or Nu of	umber						
		f Reporting Person ET MANAGE		NT INC	<u>ET</u>																-
(Last) (First) (Middle) ONE CORPORATE CENTER																					
(Street) RYE NY 10580				_																	
(City)	(City) (State) (Zip		ip)																		
L																					

1. Name and Addres	1 0	erson [*]							
(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 AVENUE									
(Street)									
GREENWICH	СТ	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% 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.
 06/02/2005

 and Secretary for 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.

 * 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.