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* GAMCO INVESTORS, INC. ET AL				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 X 10% Owner						
(Last) (First) (Middle) ONE CORPORATE CENTER						3. Date of Earliest Transaction (Month/Day/Year) 09/21/2012									Offic belov	er (give title w)		Other below)	(specify
(Street)					4. If A	men	dment, I	Date	of Origin	nal Fil	ed (Month/D	ay/Year	′ I	6. Indiv Line)	/idual c	or Joint/Group	o Filin	g (Check A	Applicable
RYE NY 10580													Form filed by One Reporting Person X Person						
(City)	(Sta	ate) (Z	ľip)											1 013					
		Table	eI-	Non-Deriv	ative	Secu	urities	Ac	quired	, Di	sposed of	f, or B	enefic	ially	Owne	ed			
Date				2. Transactio Date (Month/Day/Y	(Year) Execution		cution Date,		3. Transaction Code (Instr. 8)			es Acquired (A) o Of (D) (Instr. 3, 4			Secur Benet Owne	ficially d	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) or (D)	Price	Price		Following Reported Transaction(s) (Instr. 3 and 4)		r. 4)	(Instr. 4)
Common Stock 09/21/201				.2			S		3,800 D		\$38.	\$38.5279		836,530		D ⁽¹⁾			
Common Stock 09/24/20				12				S		3,700	D	\$39.	39.1914		832,830		D ⁽¹⁾		
		Та	ble	II - Derivati (e.g., pu				•	,	•	osed of, convertib			•	wned				
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)				Expiration I (Month/Day		Date	7. Title Amoun Securit Underl Derivat Securit 3 and 4	it of ies ying ive y (Instr.	of Deri Sec	Price rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	O F D o (I)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amoun or Numbe of Shares						
		Reporting Person*	E1	「AL															

<u>Or tivio o</u>	INVESTORS, INC	<u> </u>
(Last)	(First)	(Middle)
ONE CORPO	ORATE CENTER	
(Street)		
RYE	NY	10580
(City)	(State)	(Zip)

1. Name and Address GABELLI MAF	. •							
(Last)	(First)	(Middle)						
C/O GAMCO INV	C/O GAMCO INVESTORS, INC							
ONE CORPORATE CENTER								
(Street)								
RYE	NY	10580						
(City)	(State)	(Zip)						
1. Name and Address of Reporting Person* GGCP, INC.								
(Last)	(First)	(Middle)						
140 GREENWICH AVENUE								
(Street)								
GREENWICH	CT	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/ David M. Goldman, Attorney-In-Fact for MARIO J. GABELLI, GGCP, INC., and GAMCO INVESTORS, 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.