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

| | | | | | or Sec | tion | 30(n) c | of the | Investme | ent Co | ompany Act | of 1940 |) | | | | | | | |
|--|---|------------------------|----------------------|-----------|---------------------------------|--|--|---|--------------------|--------|---------------------|-----------------------|---|---|--|------------------------------------|------------------------------|-------------------------|---------------------------|--|
| 1. Name and Address of Reporting Person GAMCO INVESTORS, INC. ET AL | | | | | | 2. Issuer Name and Ticker or Trading Symbol WESTWOOD HOLDINGS GROUP INC | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner | | | | | |
| | | | | | [WH | [WHG] | | | | | | | | | | ctor er (give title | Х | | wher (specify | |
| (Last) (First) (Middle) | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | belo | | | below) | •••• | |
| ONE CORPORATE CENTER | | | | | 02/0 | 02/09/2009 | | | | | | | | | | | | | | |
| | | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) | | | | | | Form filed by | | | | | | | | | | | Rep | orting Pers | son | |
| RYE NY 10580 | | | | | | | | | | | | | Y Form filed by More than One Reporting | | | | | | | |
| (City) (State) (7in) | | | | | | | | | | | | | | Pers | on | | | | | |
| (City) (State) (Zip) | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | s Ac | | , Di | sposed o | | | | | | | | [| |
| | | | | | | | 2A. Deemed 3. 4. Securities According to the securities according to the security of the securety of the security of the securety of the securety of | | | | | es Acqu Of (D) (Ir | (D) (Instr. 3, 4 a | | and Securities | | 6. Ownership Form: Direct | | 7. Nature of Indirect | |
| | | | (Mc | onth/Day/ | ear) if any (Month/Day/Year) | | | 'ear) | Code (Instr. 8) | | 5) | | Owne | | ficially ed | (D) o Indir | r rect (I) | Beneficial Ownership | | |
| 1 | | | | | | | | | | | | (A) o | | | | Following Reported | | r. 4) | (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | (D) | Price | | | Transaction(s) (Instr. 3 and 4) | | | | |
| Common Stock 02/09/20 | | | | |)9 | | | _ | S | | 2,800 | A | \$38 | 3.737 | _ | 040,400 | | D | | |
| Table II - Derivative Se | | | | | | | | Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | |
| | | | | | | | | | | | convertib | | | | | | | | | |
| 1. Title of Derivative | 2. Conversion | 3. Transaction Date | 3A. Deer Executio | | 4. Transad | tion | 5. Nu | mbei | 6. Date Expira | | cisable and Date | 7. Title Amour | | | . Price | 9. Number of derivative | | 0. wnership | 11. Nature of Indirect | |
| Security | ecurity or Exercise (Month/Day/Year) if any | | | Code (I | | | | (Month | | | Securi | ties | |) erivative Security | Securities Beneficially | Form: | | Beneficial Ownership | | |
| (mat. 5) | Derivative | | | | | | Acquired | | | | | Deriva | Underlying Derivative | | Instr. 5) | Owned | 0 | or Indirect | (Instr. 4) | |
| | Security | | | | | (A) or Security (Instr Disposed of (D) (Instr. 3, 4 | | | | | | | r. | r. Following Reported Transaction (Instr. 4) | | |) (Instr.) | | | |
| | | | | | | | | | | | | | | | | | s) | | | |
| | | | | | | | and | 5) | | | | <u> </u> | | | | | | | | |
| | | | | | | | | | | | | | Amou or | | | | | | | |
| | | | | | | | | | Date | | Expiration | | Numb of | er | | | | | | |
| | | | | | Code | <u> v</u> | (A) | (D) | Exerci | sable | Date | Title | Share | s | | | | | | |
| 1 | | f Reporting Person | | | | | | | | | | | | | | | | | | |
| GAMCO INVESTORS, INC. ET AL | | | | | | | | | | | | | | | | | | | | |
| | | (=:) | <i>"</i> | | | - | | | | | | | | | | | | | | |
| (Last) | | (First) | (Mido | dle) | | | | | | | | | | | | | | | | |
| ONE CO | RPORATE | CENTER | | | | | | | | | | | | | | | | | | |
| (Street) | | | | | | - | | | | | | | | | | | | | | |
| RYE | | NY | 105 | 80 | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| (City) | | (State) | (Zip) | | | | | | | | | | | | | | | | | |
| | | f Reporting Person | * | | | | | | | | | | | | | | | | | |
| GABE | LLI MAR | <u>IO J</u> | | | | | | | | | | | | | | | | | | |
| | | (F ' 1) | 4.5.1 | | | | | | | | | | | | | | | | | |
| (Last) (First) (Middle) C/O GAMCO INVESTORS, INC | | | | | | | | | | | | | | | | | | | | |
| ONE CORPORATE CENTER | | | | | | | | | | | | | | | | | | | | |
| | KFUKATÉ | CENTER | | | | | | | | | | | | | | | | | | |
| (Street) | | | | | | | | | | | | | | | | | | | | |
| RYE | | NY | 105 | 80 | | | | | | | | | | | | | | | | |
| (City) | | (State) | (7in) | | | | | | | | | | | | | | | | | |
| | | | (Zip) | | | | | | | | | | | | | | | | | |

| 1. Name and Address of Reporting Person [*] GGCP, INC. | | | | | | | | |
|--|---------------------|----------|--|--|--|--|--|--|
| (Last) 140 GREENWICH | (First) I AVENUE | (Middle) | | | | | | |
| (Street) GREENWICH | СТ | 06830 | | | | | | |
| (City) | (State) | (Zip) | | | | | | |

Explanation of Responses:

<u>/s/ Peter D. Goldstein,</u> <u>Attorney-In-Fact for MARIO J.</u> <u>GABELLI, GGCP, INC., and</u> <u>GAMCO INVESTORS, INC.</u> ** 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.