FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL
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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

							. ,				Shipany Act								
1. Name and Address of Reporting Person [*] GAMCO INVESTORS, INC. ET AL						2. Issuer Name and Ticker or Trading Symbol WESTWOOD HOLDINGS GROUP INC [WILC]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner				
(Last) (First) (Middle)					[WHG] 3. Date of Earliest Transaction (Month/Day/Year) 02/06/2009									Officer (give title Other (specify below) below)					
ONE CORPORATE CENTER					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Inc	dividual o	or Joint/Grou	p Filing (Che	ck Applicable	
(Street)														Line)		n filed by One	e Reporting	Person	
RYE NY 10580											Form filed by One Reporting Person X Form filed by More than One Reporting Person								
(City) (State) (Zip)																			
Table I - Non-Derivative Se								s Ac	•	l, Di									
1. Title of Security (Instr. 3) Date (Month/Day/Ye				Execution Date,			3. Transaction Code (Instr. 8)		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			4 and Secu		ficially ed	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)				
						Code	v	Amount	(A) o (D)	r Pric	e	Reported Transaction(s) (Instr. 3 and 4)							
Common	Stock		02/06	/200	9				S		1,500	D	\$35	5.6773	3 1,0	043,200	D		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of	2. Conversion	3. Transaction	3A. Deemed Execution Date		4.			mber	6. Date	Exer	cisable and	7. Title	and		Price	9. Number o derivative		11. Nature of Indirect	
Derivative Security (Instr. 3)	curity or Exercise (Month/Day/Year) if any			Code (Ir				Expiration D (Month/Day/			Securi	Amount of Securities Underlying		erivative Securities ecurity Beneficially		Ownership Form: Direct (D)	Beneficial		
Derivative Security				0)		Acquired (A) or					Derivative Security (Instr.		(In	(Instr. 5)	Owned Following	or Indir (I) (Instr	ect (Instr. 4)		
					Disposed 3 and 4)								Reported 4) Transaction(s)						
								. 3, 4								(Instr. 4)			
1				ľ		Γ							Amou	nt					
									Data		F		or Numb	er					
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	of Share	s					
		Reporting Person																	
(Last)		(First)	(Middle)																
ONE CORPORATE CENTER																			
(Street)																			
RYE		NY	10580																
(City)		(State)	(Zip)																
1. Name and Address of Reporting Person [*] GABELLI MARIO J																			
(Last) (First) (Middle) 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) 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.