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* GABELLI ASSET MANAGEMENT INC ET AL (Last) (First) (Middle)					2. Issuer Name and Ticker or Trading Symbol WESTWOOD HOLDINGS GROUP INC [WHG] 3. Date of Earliest Transaction (Month/Day/Year) 12/22/2004							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner Officer (give title Other (specify below) Director							
ONE CORPORATE CENTER (Street) RYE NY 10580 (City) (State) (Zip)				4. IT A	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person							
		Tabl	el-	Non-Deriv	vative \$	See	cui	rities A	cquire	d, Di	sposed of	f, or E	Benef	iciall	y Owne	ed			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Y				on 2. E Year) if	Execution Date,			3. Transaction Code (Instr. 8)		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)		4 and Secu Bene Owne Follo		nount of rities ficially rd wing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount	(A) or (D)	r Pri	ce	Trans	Reported Transaction(s) (Instr. 3 and 4)				
Common Stock 12/22/200			04				Р		7,500	Α	\$1	9.712	9 8	92,250	D	,			
Table II - Derivative Securi (e.g., puts, calls,														Owned					
1. Title of Derivative Security (Instr. 3)			cution Date, y		Transaction Code (Instr. 8) (1 1		5. Numbe of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	Expiration [(Month/Day/		Date	Amour Securi Under Deriva Securi	Title and mount of lecurities Inderlying Derivative lecurity (Instr. and 4)		. Price f erivative ecurity nstr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	,	(A) (D)	Date Exerc	isable	Expiration Date	Title	Amo or Num of Shar	ber					
1		f Reporting Person <u>ET MANAGE</u>		ENT INC	<u>ET</u>	_													
(Last) (First) (Middle) ONE CORPORATE CENTER																			
(Street) RYE NY 10580		10580		-															
(City) (State) (Zip		(Zip)		-															

1. Name and Address of Reporting Person [*] GABELLI MARIO J									
(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 AVE.									
(Street)									
GREENWICH	СТ	06830							
(City)	(State)	(Zip)							

Explanation of Responses:

/s/ James E. McKee, Attorneyin-Fact for MARIO J. GABELLI and Secretary of 12/23/2004 GABELLI ASSET MANAGEMENT INC. AND GABELLI GROUP CAPITAL PARTNERS, 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.