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						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) ONE CORPORATE CENTER						3. Date of Earliest Transaction (Month/Day/Year) 10/25/2005								1	bel			Other below)	· · ·
(Street)						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)				
RYE NY 10580														Form filed by One Reporting Person X Form filed by More than One Reporting Person					
(City) (State) (Zip)																			
1. Title of Security (Instr. 3) 2. Transaction													(A) o	r 5. Ar	nount of	6. Ownership		7. Nature	
Date (Month/Day/					y/Year)	Year) Execution Date, if any (Month/Day/Year)		Transaction Code (Instr. 8)		Disposed Of (D) (Instr. 3 and 5)			. 3, 4	Bene	rities eficially ed owing	Form: Direct (D) or Indirect (I) (Instr. 4)		of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) (D)	or	Price	Repo Tran	Reported Transaction(s) (Instr. 3 and 4)			
				10/25/2							100			\$18.		,097,850	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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution Date, if any			Transaction Code (Instr.		umber vative rities uired r osed) r. 3, 4 5)	6. Date Exercisa Expiration Date (Month/Day/Yea		te	and 7. Title Amount Securiti Underly Derivati Security 3 and 4			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4)	m: ect (D) ndirect	Beneficial Ownership
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amo or Num of Shar	nber					
1. Name and Address of Reporting Person [*] GAMCO INVESTORS, INC. ET AL																			
(Last) (First) (Mid ONE CORPORATE CENTER			liddle)		-														
(Street) RYE NY 10			0580		_														
(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	(Middle)						
(Street) GREENWICH	СТ	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/ James E. McKee Attorney-
in-Fact for MARIO J.GABELLI and GGCP, INC.10/26/2005and Secretary for GAMCO
INVESTORS, INC.10/26/2005

** 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.