## 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

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1. Name and Address of Reporting Person <sup>*</sup> 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					
(Last) (First) (Middle) ONE CORPORATE CENTER					3. Da	3. Date of Earliest Transaction (Month/Day/Year) 12/06/2011										Offic belov	er (give title w)		Other below)	(specify
						4. If Amendment, Date of Original Filed (Month/Day/Year)										dual c	or Joint/Grou	p Fili	ing (Check A	Applicable
(Street) RYE NY 10580														Line) Form filed by One Reporting Person X Form filed by More than One Reporting						
(City) (State) (Zip)															Pers					
		Tabl	el-N	lon-Deriv	ative	Secu	uritie	s Acc	uired,	Disp	osed o	f, or	Ben	efici	ally (	Owne	ed			
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day						Execution Date,			Transaction Disposed Code (Instr. and 5)		ties Acquired (A d Of (D) (Instr. 3,			8, 4 Securi Benefi Owned Follow		icially d wing	For (D) Ind	Ownership rm: Direct or lirect (I) str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	v	Amount	()	(A) or (D) Pri		e	Reported Transaction(s) (Instr. 3 and 4)					
Common Stock				<u> </u>	12/06/2011						100						015,800		<b>D</b> <sup>(1)</sup>	
		Та	ble II	- Derivat (e.g., p												vned				
1. Title of	2.	3. Transaction	3A. De		4.			mber	-		sable and		le and		8. Pri	ice	9. Number o	of	10.	11. Nature
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year)				ction nstr.			Expiration Date (Month/Day/Year)			Amount of Securities Underlying Derivative Security (Inst 3 and 4)		J	of Derivative Security (Instr. 5) r.		derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	,	Ownership Form: Direct (D) or Indirect (I) (Instr. 4) s)	of Indirect Beneficial Ownership (Instr. 4)
													or	nount mber						
					Code	v	(A)	(D)	Date Exercisal		xpiration ate	Title	of	ares						
1. Name and Address of Reporting Person <sup>®</sup> GAMCO INVESTORS, INC. ET AL									*						-		-			-
(Last) (First) (Mi ONE CORPORATE CENTER			liddle)																	
(Street) RYE NY 10			)580		-															
(City) (State) (Zip)																				
1. Name and Address of Reporting Person <sup>*</sup> GABELLI MARIO J																				
(Last) (First) (Middle) C/O GAMCO INVESTORS, INC ONE CORPORATE CENTER					-															
(Street) RYE NY 10580																				
(City)		(State)	(Zi	ip)																

1. Name and Address of Reporting Person <sup>*</sup> GGCP, INC.							
(Last) 140 GREENWICH	(First) I AVENUE	(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.

<u>/s/ Douglas R. Jamieson,</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.