

| OMB APPROVAL | |
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| 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* GABELLI ASSET MANAGEMENT INC ET AL (Last) (First) (Middle) ONE CORPORATE CENTER (Street) RYE NY 10580 (City) (State) (Zip) | 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 <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below) |
| | 3. Date of Earliest Transaction (Month/Day/Year) 05/12/2005 | |
| 4. If Amendment, Date of Original Filed (Month/Day/Year) | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--------------------------------------|--|--------------------------------|---|---|------------|---------|---|--|---|
| | | | Code | V | Amount | (A) or (D) | Price | | | |
| Common Stock | 05/12/2005 | | P | | 2,000 | A | \$16.27 | 1,056,850 | 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) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|--|--|--------------------------------------|--|--------------------------------|---|--|-----|--|-----------------|---|--|--|---|--|
| | | | | Code | V | (A) | (D) | Date Exercisable | Expiration Date | | | | | |

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| 1. Name and Address of Reporting Person* GABELLI ASSET MANAGEMENT INC ET AL (Last) (First) (Middle) ONE CORPORATE CENTER (Street) RYE NY 10580 (City) (State) (Zip) | | |
|--|--|--|

| | | |
|--|---------|----------|
| 1. Name and Address of Reporting Person* | | |
| <u>GABELLI MARIO J</u> | | |
| (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* | | |
| <u>GABELLI GROUP CAPITAL PARTNERS</u> | | |
| <u>INC</u> | | |
| (Last) | (First) | (Middle) |
| 140 GREENWICH AVE. | | |
| (Street) | | |
| GREENWICH | CT | 06830 |
| (City) | (State) | (Zip) |

Explanation of Responses:

1. These securities are owned by Gabelli Asset Management Inc. ("GBL"), GGCP, Inc. and Mr. Mario J. Gabelli have less than a 100% indirect 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. and 05/13/2005
Secretary of GABELLI ASSET
MANAGEMENT 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.