## 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. Date of Earliest Transaction (Month/Day/Year) 07/28/2008									Offic belo	er (give title w)		Other ( below)	(specify
[					4. If	Amen	dment	, Date	e of Origir	nal Fil	ed (Month/D	ay/Year	r)	6. Indi Line)	vidual o	or Joint/Grou	o Filing	g (Check A	Applicable
(Street) <u>RYE</u> NY 10580				0										Form filed by One Reporting Person X Form filed by More than One Reporting Person					
(City) (State) (Zip)														1 013					
		Tabl	el-	Non-Deriv	ative	Sec	uritie	es Ac	quired	, Di	sposed of	f, or B	enefi	cially	Own	ed			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye					rear) i	Execution Date,			Transaction		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)		4 and Secur Benef Owne Follo		ficially d wing	Form (D) o	ect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) or (D)	Price	e Tra (In		rted saction(s) . 3 and 4)			
Common Stock 07/28/2009						8			S		1,500	D		.8953	· · ·	,121,000		<b>D</b> <sup>(1)</sup>	
		Та	ble	II - Derivat (e.g., p							osed of, o convertib				wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Exe if ar	Deemed cution Date, ly nth/Day/Year)	Code	I. 5. Number Fransaction Code (Instr. Derivative		Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	0\ Fc Di or (I) 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amou or Numb of Share:	er					
1. Name and Address of Reporting Person <sup>®</sup> GAMCO INVESTORS, INC. ET AL									-		-		*			-			
(Last) (First) ONE CORPORATE CENTER				(Middle)															
(Street) RYE NY			10580																
(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) (Zip)																			

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

Signature of Reporting Person

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 $^{\star}$  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.