## 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*				2. Issuer Name and Ticker or Trading Symbol WESTWOOD HOLDINGS GROUP INC							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
GABELLI ASSET MANAGEMENT INC ET AL					[WESTWOOD HOLDINGS GROOP INC [WHG]									Direc	tor	Х	10% C		
				3. Date of Earliest Transaction (Month/Day/Year) 05/31/2005								Offic belov	er (give title w)		Other below	(specify )			
(Last) (First) (Middle) ONE CORPORATE CENTER				4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Indiv	vidual c	or Joint/Grou	o Filing	(Check	Applicable			
											Line) Form filed by One Reporting Person				son				
(Street) RYE NY 10580											X Form filed by More than One Reporting Person								
	NIL IVI 10300											reis	UII						
(City) (State) (Zip)																			
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye				ear) Exect		Deemed ution Date, y uth/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired ( <i>I</i> Disposed Of (D) (Instr. 3 5)				5. Amount of Securities Beneficially Owned		6. Ownership Form: Direct (D) or Indirect (I)		7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount	(A) or (D)	Price	e			(Instr.	4)	(Instr. 4)	
Common	Stock			05/31/200	)5				Р		1,400	A	\$16	.8871	1,0	)62,550	D	(1)	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of	2.	3. Transaction	3A. De	eemed	4. Transac		5. Ni	imber	6. Date	Exer	cisable and	7. Title	and	8. P	rice	9. Number o derivative		nership	11. Nature of Indirect
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year)	if any	í I	Code (In 8)		Secu Acqu (A) o Disp of (D	r osed ) r. 3, 4				Securit Underl Derivat Securit 3 and 4	ties ying tive ty (Instr	es Deriv ing Secu ve (Inst		Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Foi Dir or (I) ( 4)		Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amou or Numb of Shares	er					
1		f Reporting Person																	
GABELLI ASSET MANAGEMENT INC ET AL																			
(Last)		(First)	(M	liddle)															
ONE CORPORATE CENTER																			
(Street) RYE			10	0580															
(City)	(City) (State) (		(Zi	ip)															
L																			

1. Name and Addres	1 0	erson <sup>*</sup>							
(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 <sup>*</sup> GABELLI GROUP CAPITAL PARTNERS INC									
(Last)	(First)	(Middle)							
140 GREENWICH AVENUE									
(Street)									
GREENWICH	СТ	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% interest in GBL and hereby disclaim ownership of these securities in excess of their pecuniary interests.

 

 /s/ James E. McKee Attorneyin-Fact for MARIO J.

 GABELLI and GGCP, INC.
 06/01/2005

 and Secretary for 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.

 $^{\star}$  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.