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]								Relationship of Reporting Person(s) to Issuer (Check all applicable) Director							
(Last) (First) (Middle) ONE CORPORATE CENTER						3. Date of Earliest Transaction (Month/Day/Year) 03/26/2009								Officer (give title Other (specify below) below)				` '	
(Street) RYE (City)	NY (Sta		058(<u>Z</u> ip))	4. If A	If Amendment, Date of Original Filed (Month/Day/Year)						· .	6. Indiv Line) X	Form	dual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Table	eI-	Non-Deriv	ative S	Secu	ırities /	Acc	quired	, Di	sposed of	f, or B	enefic	ially	Owne	ed			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye				Execution Date,						es Acquired (A) or Of (D) (Instr. 3, 4 and			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)			Following Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)		(Instr. 4)		
Common Stock 03/26/200				03/26/200)9				G		1,500	D	\$	0	1,0	010,300	D	(1)	
Common Stock 03/26/200)9				S		5,000	D \$42		3566	1,005,300		D ⁽¹⁾			
		Та	ble	II - Derivati (e.g., pเ				•	-	•	osed of, c			•	wned				
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)				Expiration I e (Month/Day/ s		ate	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		Secu (Inst		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Own For Dire or I (I) (4)	Ownership Form: Direct (D) or Indirect (I) (Instr.	11. Nature of Indirect Beneficial Ownership (Instr. 4)
	Code V (A) (D) Exercisable D		Expiration Date	Title	Amoun or Numbe of Shares	er													
		Reporting Person TORS, INC.	. ET	AL															

<u>GAMCO</u>	INVESTORS, INC	C. ET AL
(Last)	(First)	(Middle)
ONE CORP	ORATE CENTER	
(Street)		
RYE	NY	10580
(City)	(State)	(Zip)

1. Name and Address of Reporting Person* GABELLI MARIO J								
(Last)	(First)	(Middle)						
C/O GAMCO INV								
ONE CORPORATE CENTER								
(Street)								
RYE	NY	10580						
(City)	(State)	(Zip)						
1. Name and Address of Reporting Person* GGCP, INC.								
(Last)	(First)	(Middle)						
140 GREENWICH AVENUE								
(Street)								
GREENWICH	CT	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/ Peter D. Goldstein, Attorney-In-Fact for MARIO J. 03/27/2009 GABELLI, GGCP, INC., and GAMCO INVESTORS, INC.

** Signature of Reporting Person

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.