FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL							
OMB Number:	3235-0287						
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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* GAMCO INVESTORS, INC. ET AL					WE	2. Issuer Name and Ticker or Trading Symbol WESTWOOD HOLDINGS GROUP INC [WHG]							NC	**			X 10% C	Owner	
(Last) (First) (Middle) ONE CORPORATE CENTER						3. Date of Earliest Transaction (Month/Day/Year) 03/24/2008									Offic belo	er (give title w)		Other below)	(specify
(Street)					4. If /	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable Line)							
RYE	NY 10580											Form filed by One Reporting Person X Person Form filed by More than One Reporting Person							
(City)	(Sta		Zip)																
		Table	e I -	Non-Deriv	ative	Secu	urities	s Ac	quired	, Di	sposed o	f, or B	enefi	cially	Own	ed			
Date				2. Transaction Date (Month/Day/Y	Executi Year) if any		eemed tion Date, h/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)			and Securities Beneficially Owned		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount	nt (A) or Prid		•	Following Reported Transaction(s) (Instr. 3 and 4)		(in:	str. 4)	(Instr. 4)	
Common Stock 03/24/20				03/24/200)8			S		2,900	D	\$37	\$37.6576		1,185,500		D ⁽¹⁾		
Common Stock 03/25/200				08			S		200	D	\$3	\$38.48		185,300		D ⁽¹⁾			
		Та	ble	II - Derivati (e.g., pເ							osed of, convertib				wned				
Derivative Conversion Date Security or Exercise (Month/Day/Year)		Exec if an	xecution Date, T		4. Transaction Code (Instr. B)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		tion [cisable and Jate (Year)	7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)		Sec (Ins	rice ivative urity tr. 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 Exercis	sable	Expiration Date	Title	Amour or Number of Shares	er					
		Reporting Person*		<u> AL</u>															

GAMCO	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 INVESTORS, INC.									
ONE CORPORATE CENTER									
(Street)									
RYE	NY	10580							
(City)	(State)	(Zip)							
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. GABELLI, GGCP, INC., AND GAMCO INVESTORS, 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.