## 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 <sup>*</sup> GABELLIASSET MANAGEMENT INC ET AL					2. Issuer Name and Ticker or Trading Symbol     WESTWOOD HOLDINGS GROUP INC     [WHG]     3. Date of Earliest Transaction (Month/Day/Year)							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner Officer (give title below) below)					Owner (specify		
(Last) (First) (Middle) ONE CORPORATE CENTER				08/06/2004 4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)								
(Street) RYE NY 10580										Form filed by One Reporting Person X Form filed by More than One Reporting Person									
(City) (State) (Zip)																			
Table I - Non-Deriva       1. Title of Security (Instr. 3)       2. Transaction Date (Month/Day/Y)				n 2A. Deemed Execution Date, ear) if any			3. 4 Transaction D		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)		) or	5. Am Secur	nount of rities ficially rd wing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
							Code	v	Amount	(A) or (D)	Pric	e	Trans	action(s) . 3 and 4)					
Common Stock 08/06/200						Р		1,300	Α				25,750	D	D				
		Та									osed of, o				wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	Date,	4. Transa Code (I 8)		of De Se Ac (A) Di of	Number ecurities cquired ) or sposed (D) nstr. 3, 4 id 5)	Expira (Mont	tion [		7. Title Amour Securit Underl Derivat Securit 3 and 4	nt of ties ying tive ty (Inst	of Der Sec (Ins	Price rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owner Form: Direct or Ind (I) (Ins 4)	(D) irect	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	) (D)	Date Exerci	sable	Expiration Date	Title	Amou or Numb of Share	er					
		f Reporting Person ET MANAGE		INC I	ET	_		-	-				*			-	-		-
(Last) (First) (Middle) ONE CORPORATE CENTER																			
(Street) RYE NY 10580		30		-															
(City)	ity) (State) (Zip)				-														
L																			

1. Name and Address of Reporting Person <sup>*</sup> GABELLI MARIO J								
(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 AVE.								
(Street)								
GREENWICH	CT	06830						
(City)	(State)	(Zip)						

Explanation of Responses:

 

 /s/ James E. McKee, Attomeyin-Fact for MARIO J.

 GABELLI and Secretary of

 GABELLI ASSET

 08/09/2004

 MANAGEMENT INC. AND

 GABELLI GROUP CAPITAL

 PARTNERS, 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.