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

					-						pany Act		·						
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]									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) 10/12/2011									Offic belo	er (give title w)		Other (below)	(specify
					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)										or Joint/Grou	p Filir	ng (Check A	Applicable
(Street) RYE NY 10580														Line) Form filed by One Reporting Person X Form filed by More than One Reporting					
(City) (State) (Zip)														A Pers	on				
		Tabl	el-N	lon-Deriv	ative	Secu	uritie	s Acc	quired, I	Disp	osed o	f, or E	Bene	ficial	ly Own	ed			
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day						Execution Date,			Transaction Disposed Code (Instr. and 5)		ities Acquired (A d Of (D) (Instr. 3		d (A) o r. 3, 4	Secur Benef Owne Follo	ficially d wing	Forr (D) d Indi	ownership m: Direct or irect (I) tr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	v	Amount	(D		Price	(Instr.	saction(s) . 3 and 4)				
Common Stock 10/12/								G		1,000			\$ <mark>0</mark>	9			D ⁽¹⁾		
		Та	ble II	- Derivat (e.g., p	ive Se uts. ca	curi Ills.	ties / warra	Acqui ants.	ired, Dis options	spos 5. co	sed of, onvertib	or Bei le sec	nefic curiti	cially ies)	Owned	l			
1. Title of	2.	3. Transaction	3A. De	emed	4.			ımber	6. Date Ex	xercis	able and	7. Title	e and	1	3. Price	9. Number o		10.	11. Nature
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year)	Execut if any (Month		Transaction Code (Instr. 8)		vative rities lired r osed) r. 3, 4 5)	Expiration Date (Month/Day/Year)			Amount of Securities Underlying Derivative Security (Inst 3 and 4)			of Derivative Security Instr. 5)	derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	, E c (4	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisab		xpiration late	Title	Amo or Num of Shar	nber					
1. Name and Address of Reporting Person [®] GAMCO INVESTORS, INC. ET AL																			
(Last) (First) (Middle) ONE CORPORATE CENTER					-														
(Street) RYE NY 1058			580		-														
(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)				-															

1. Name and Address of Reporting Person [*] 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.

 /s/ Peter D. Goldstein,

 Attorney-In-Fact for GAMCO

 INVESTORS, INC., GGCP,

 INC., and MARIO J. GABELLI

 ** 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.