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

					•						pany Act	-							
GABELLI ASSET MANAGEMENT INC [ WE				WE	2. Issuer Name and Ticker or Trading Symbol WESTWOOD HOLDINGS GROUP INC [ WHG ]						Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director X 10% Owner     Officer (give title Other (specify								
(Last)	(Fir	st) (I	Middle)		3. Da 06/0			t Trans	action (M	onth/	Day/Year)				belo	w)		below)	
ONE CO	RPORATE	CENTER			4. If A	\me	ndment,	Date o	f Original	Filed	(Month/D	ay/Yeaı	-)	6. Inc		or Joint/Grou	p Filin	ng (Check A	Applicable
(Street) RYE (City)	NY (St		0580 Zip)											Form filed by One Reporting Person  X Form filed by More than One Reporting Person					
(City)	(31.			lon-Deriv	ative	Sec	curities	s Aca	uired.	Disp	osed of	or B	enef	ficially	/ Own	ed			
1. Title of \$	of Security (Instr. 3)		2. Transac Date (Month/Da	tion 2A. Deemed		i Date,	3. Transac Code (In 8)	tion	4. Securi Disposed and 5)	ties Acc	uired (Instr.	(A) or	5. Am Secur Benef Owner Follow Report	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		wnership n: Direct or rect (I) tr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common	Stock			06/03/2	2005			P 6,200 A				<b>A</b>	\$16.8	1,0	069,750		<b>D</b> <sup>(1)</sup>		
		Та	ble II	- Derivat (e.g., pu											Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed ion Date, n/Day/Year)	4. Transa Code (I 8)			ative rities ired osed	Expiratio	priration Date Amount of Securities Deri Underlying Securities		Price erivative curity estr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		Downership Form: Direct (D) or Indirect I) (Instr.	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	/ (A)	(D)	Date Exercisal		xpiration ate	Title	Amor or Numl of Share	ber					
		f Reporting Person		IT INC	ET_														
(Last)		(First)	(Mi	iddle)															
ONE CO	RPORATE	CENTER				_													
(Street)	- -	NY	10	580															
(City)		(State)	(Zip	p)															

la	(D " D	*
	ess of Reporting Per	son
<u>GABELLI M</u>	<u>ARIO J</u>	
-		
(Last)	(First)	(Middle)
C/O GABELLI	ASSET MANAGE	EMENT INC
ONE CORPOR.	ATE CENTER	
(Street)		
RYE	NY	10580
(City)	(State)	(Zip)
1. Name and Addr	ess of Reporting Per	son <sup>*</sup>
GABELLI G	ROUP CAPIT	AL PARTNERS
INC		
<u></u>		
(Last)	(First)	(Middle)
(Last) 140 GREENWI	, ,	(Middle)
, ,	, ,	(Middle)
, ,	, ,	(Middle)
140 GREENWI	CH AVENUE	(Middle) 06830
140 GREENWI (Street)	CH AVENUE	

## **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. 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.