(City)

(State)

(Zip)

## 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

				riieu								ompany Act			14					
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 ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director X 10% Owner					Owner	
(Last)	(Fir		Middle	e)	3. Dat 06/1				Trar	nsaction	(Mont	:h/Day/Year)				belo	er (give title w)		Other below)	(specify )
					4. If A	me	endn	nent,	Date	of Origin	nal Fil	ed (Month/D	ay/Yea	r)		. Individual o	or Joint/Grou	p Filing	(Check	Applicable
(Street) RYE	NY	7 1	058	0													n filed by One		-	
(City)	(St	ate) (2	Zip)													1 613				
		Tabl	eI-	Non-Deriv	ative	Se	cur	ities	Ac	quired	, Di	sposed of	f, or E	Benef	fici	ally Own	ed			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Ye			Year) E	xec any	Deemed cution Date, ny nth/Day/Year)		3. Transaction Code (Instr. 8)			es Acquired (A) Of (D) (Instr. 3,			nd Secu Bene Owne		6. Ownership Form: Direct (D) or Indirect (I)		7. Nature of Indirect Beneficial Ownership			
										Code	v	Amount	(A) o (D)	r Pri	ce	Follo Repo Trans (Instr	rted saction(s) 3 and 4)	(Instr.	4)	(Instr. 4)
Common	Stock			06/17/20						S		700	D				60,400	Ι	<b>)</b> (1)	
		Та	ble	II - Derivat (e.g., p	ive Se uts, ca	cu	ıriti s, w	es A arra	cqı nts	uired, [ , optio	Disp ns, o	osed of, c	or Bei le sec	nefic curiti	iall es)	y Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Exec if an	Deemed cution Date, ny nth/Day/Year)	4. Transac Code (I 8)		on car. [	5. Nur of Deriva Secur Acqui (A) or Dispo of (D) Instr.	ative ities red sed 3, 4	Expirat (Month	tion [		7. Title Amour Securi Under Deriva Securi 3 and	nt of ties lying tive ty (Ins		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ow Fo Dir or (I) 4)	nership rm: ect (D) Indirect (Instr.	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	V	, (	(A)	(D)	Date Exercis	sable	Expiration Date	Title	or Num of Share	ber					
		f Reporting Person		ΓAL																
(Last) ONE CC	RPORATE	(First) CENTER		(Middle)																
(Street)		NY		10580		-														
(City)		(State)		(Zip)																
	nd Address o	f Reporting Person IO J	*																	
		(First) STORS, INC CENTER		(Middle)																
(Street)		NY		10580																

1. Name and Addres	s of Reporting Pe	rson*	
(Last) 140 GREENWIC	(First) H AVENUE	(Middle)	
(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 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.

- $^{\star}$  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.