FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL
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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 [®] 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				
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 07/15/2008									Offic belo	er (give title w)		Other below)	(specify
(Street) RYE NY 10580						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person				
(City)														X Form filed by More than One Reporting Person					
Table I - Non-Derivativ						Seci	uritie	s Ace	quired,	Dis	posed of	f, or E	Benef	icially	y Own	ed			
1. Title of Security (Instr. 3) 2. Transactio Date (Month/Day/N						Execution Date,		Transaction Disposed Code (Instr. 5)		Disposed	ties Acquired (A) I Of (D) (Instr. 3, 4			Secur	ficially d wing		ect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	v	Amount	(A) ((D)	or Pr	ice	Trans	action(s) . 3 and 4)				
Common Stock 07/15/2										4,000	D		16.599		156,900		D ⁽¹⁾		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution Date, 1 if any 0			Transaction Code (Instr.		vative rities iired r osed) r. 3, 4 5)	6. Date Exercisa Expiration Date (Month/Day/Yea		ate	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)				9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ov Fo Di or (l) 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amou or Numb of Share	ber					
1. Name and Address of Reporting Person [*] GAMCO INVESTORS, INC. ET AL																			
(Last) (First) (Middle) ONE CORPORATE CENTER																			
(Street) RYE NY 10:			0580		_														
(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	1	0580															
(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.

<u>/s/ Peter D. Goldstein.</u> <u>Attorney-In-Fact for MARIO J.</u> <u>GABELLI, GGCP, INC., and</u> <u>GAMCO INVESTORS, INC.</u> ** 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.