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

						2. Issuer Name and Ticker or Trading Symbol WESTWOOD HOLDINGS GROUP INC										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
					[WI	[WHG]												Direc	ctor er (give title	2	X 10% C	wner (specify
					3. Date of Earliest Transaction (Month/Day/Year) 04/22/2004												belo			below)	· · ·	
(Last) (First) (Middle) ONE CORPORATE CENTER									Date	of Origina	I File	d (Mor	nth/Da	ay/Y	'ear)	6	6. Indi	ividual o	or Joint/Grou	p Fili	ing (Check A	Applicable
						4. If Amendment, Date of Original Filed (Month/Day/Year)										l	Line) Form filed by One Reporting Person					
(Street) RYE NY 10580																Y Form filed by More than One Reporting						
RYE NY 10580																Person						
(City) (State) (Zip)																						
		Tabl	el-N	Non-Deriv	ative	Se	cur	ities	s Acc	quired,	Dis	oose	d of	, o	r Ben	efic	ially	Own	ed	_		
1. Title of Security (Instr. 3) Date (Month/Day)					Execution Date,			ate,	3. Transac Code (Ir 8)	4. Securities Acquired (Disposed Of (D) (Instr. 3 and 5)					3, 4 Secur Benef Owne		icially d	For (D) Indi	irect (I)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount			(A) or (D)	Price		Following Reported Transaction(s) (Instr. 3 and 4)		(ins	str. 4)	(Instr. 4)		
Common	Stock			04/22/2	004					Р		6	500		Α	\$1′	7.25	8	17,750		D	
Table II - Derivative Secu (e.g., puts, calls)																	wned					
1. Title of	2.	3. Transaction		eemed	4.		5	5. Nu	mber	6. Date E	xerci	sable		7. T	itle and	d	, 8. F	Price	9. Number o derivative		10.	11. Nature of Indirect
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year)	if any	tion Date, h/Day/Year)	Transa Code (I 8)		tr. [5 4 (6 (of Deriv Secur Acqui (A) or Dispo of (D) Instr and 5	rities ired osed . 3, 4	Expiratic (Month/I				Sec Und Der Sec	ount of urities derlying ivative urity (li nd 4)	g	(Inst				Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	•	v ((A)	(D)	Date Exercisa		Expira Date	tion	Titl	or Nu of	mber						
		f Reporting Person																				
GABELLI ASSET MANAGEMENT INC ET																						
						-																
(Last) (First) (Middle)																						
ONE CC	RPORATE	CENTER				_																
(Street) RYE			0580		_																	
(City) (State) (Zip)		ip)																				
L																						

1. Name and Addres		Person*							
(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 [*] GABELLI GROUP CAPITAL PARTNERS INC									
(Last)	(First)	(Middle)							
140 GREENWICH AVENUE									
(Street)									
GREENWICH	СТ	06830							
(City)	(State)	(Zip)							

Explanation of Responses:

/s/ James E. McKee, Attorneyin-Fact for MARIO J. GABELLI and Secretary of 04/23/2004 GABELLI ASSET 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.