FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL
OMB Number: 3235-0287
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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

| | | | | | or Sec | ction | 30(n) o | t the | Investme | ent Co | ompany 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) | | | | | |
| | | | | | | [WHG] | | | | | | | | | Direc | | 2 | X 10% C | |
| · · | | | | | | | Earlies | t Trai | nsaction | (Mon | th/Day/Year) | | | | Offic belo | er (give title w) | | Other below) | (specify |
| | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/26/2009 | | | | | | | | | | | | | |
| | | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Ap | | | | | | | | | | | Applicable | | |
| (Street) | | | | | | Line) Form filed by One Reporting Person | | | | | | | | | | | son | | |
| RYE NY 10580 | | | | | | | | | | | | | | X Form filed by More than One Reporting Person | | | | | |
| (City) (State) (Zip) | | | | | | | | | | | | | | r ciscii | | | | | |
| | | Tabl | el- | Non-Deriv | ative | Sec | uritie | s Ac | quired | l, Di | sposed of | f, or E | Benefi | cially | Own | ed | | | |
| | | | | | | 2A. Deemed 3. Execution Date, Transaction | | | | 4. Securitie | ired (A) | or 5. Amount of 4 and Securities | | | 6. Ownership Form: Direct | | 7. Nature of Indirect | | |
| | | | | (Month/Day/ | r∕ear) if | | | | Code (Instr. | | Disposed Of (D) (Instr. 3, 5) | | 1501. 3, 4 | | | ficially | (D) | | Beneficial Ownership |
| | | | | | | (Month/Day/rear | | | | | | | | Follov Repor | | wing | | str. 4) | (Instr. 4) |
| | | | | | | | | | Code | V | Amount | (A) oi (D) | r Price | Ð | Transaction(s) (Instr. 3 and 4) | | | | |
| Common | Common Stock 06/26/2 | | | | 09 | | | S | | | 1,800 | D | \$41 | .6989 | 9 | 50,500 | | D ⁽¹⁾ | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| 1. Title of | 2. | 3. Transaction | 3A. I | (e.g., p | uts, ca | IIIS, | 5. Nu | | | | convertib | 7. Title | | <u> </u> | rice | 9. Number o | of | 10. | 11. Nature |
| Derivative Security | vative Conversion Date Execution Date, Tr | | | | Transa Code (I | | n of | | Expira | tion [| Date | Amount of Securities | | of | | | | Ownership Form: | of Indirect Beneficial |
| (Instr. 3) | | | | | | | Securities Acquired | | | | | Underlying Derivative | | | urity str. 5) | Beneficially Owned | | Direct (D) or Indirect | Ownership (Instr. 4) |
| | | | | | | (A) or Security (Instr. Disposed 3 and 4) | | | | | | | | Following Reported | (I) (Instr. 4) | | | | |
| | | | | | | | of (D (Instr | . 3, 4 | 4 | | | | Transactio (Instr. 4) | | Transaction (Instr. 4) | I(S) | 5) | | |
| | | | | | <u> </u> | _ | and \$ | 5) | | | | | Amour | _ | | | | | |
| | | | | | | | | | | | | | or Numbe | | | | | | |
| | | | | | Code | v | (A) | (D) | Date Exercis | sable | Expiration Date | Title | of Shares | | | | | | |
| 1. Name ar | nd Address of | Reporting Person | • | | I | ╈ | <u> </u> | . / | | | | I | | | | | | | 1 |
| | | TORS, INC | | <u>AL</u> | | | | | | | | | | | | | | | |
| (Last) | | (First) | (| (Middle) | | - | | | | | | | | | | | | | |
| (Last) (First) (Middle) ONE CORPORATE CENTER | | | | (middle) | | | | | | | | | | | | | | | |
| | | | | | | - | | | | | | | | | | | | | |
| (Street) | | | | 10500 | | | | | | | | | | | | | | | |
| RYE | | NY | | 10580 | | _ | | | | | | | | | | | | | |
| (City) | | (State) | (| (Zip) | | | | | | | | | | | | | | | |
| 1. Name and Address of Reporting Person | | | | | | | | | | | | | | | | | | | |
| <u>GABEI</u> | LIMAR | <u>IO J</u> | | | | | | | | | | | | | | | | | |
| (Last) (First) (Middle) | | | | | | | | | | | | | | | | | | | |
| C/O GAMCO INVESTORS, INC | | | | | | | | | | | | | | | | | | | |
| ONE CORPORATE CENTER | | | | | | | | | | | | | | | | | | | |
| (Street) | | | | | | - | | | | | | | | | | | | | |
| RYE | | NY | 1 | 10580 | | | | | | | | | | | | | | | |
| (City) (State) (Zip) | | | | | | | | | | | | | | | | | | | |

| 1. Name and Address GGCP, INC. | of Reporting Person [*] | | | | |
|-----------------------------------|----------------------------------|----------|--|--|--|
| (Last) 140 GREENWICH | (First) I 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.

<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.