## 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

1. Name and Address of Reporting Person <sup>*</sup> 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) ONE CORPORATE CENTER						3. Date of Earliest Transaction (Month/Day/Year) 03/23/2006									Offic belo	er (give title w)		Other below)	(specify
					4. lf /	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) <u>RYE</u> NY 10580													Form filed by One Reporting Person X Form filed by More than One Reporting Person						
(City) (State) (Zip)																			
		Tabl	el-	Non-Deriv	vative	Secı	uritie	s Ac	quired	, Di	sposed of	f, or B	enefic	cially	Own	ed			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye				Year) i	Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)				Secur	ficially ed	For (D) Indi	Ownership rm: Direct or lirect (I) str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)				(	
Common	Common Stock 03/23/20								Р		,			.7418			<b>D</b> <sup>(1)</sup>		
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)	Conversion Date Execution Date, or Exercise (Month/Day/Year) if any			Transaction Code (Instr.		vative rities lired r osed ) :. 3, 4 5)	Expiration D (Month/Day/		Date	Amount of Securities Underlying Derivative Security (Ins 3 and 4)		Sec (Ins	rice ivative urity tr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	( 	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amour or Numbe of Shares	ər					
		Reporting Person		<u>r al</u>															
(Last) (First) ONE CORPORATE CENTER				(Middle)															
(Street) RYE NY				10580															
(City)		(State)	(	(Zip)															
1. Name and Address of Reporting Person <sup>*</sup> GABELLI MARIO J																			
(Last) (First) (Middle) C/O GAMCO INVESTORS, INC. ONE CORPORATE CENTER																			
(Street) RYE		NY		10580															
(City) (State) (Zip)				_															

1. Name and Address of Reporting Person <sup>*</sup> GGCP, INC.							
(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.

/s/ James E. McKee Attorney-<br/>in-Fact for MARIO J.GABELLI and GGCP, INC.03/27/2006and Secretary for GAMCO<br/>INVESTORS, INC.03/27/2006

\*\* 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.