FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APP	ROVAL
OMB Number:	3235-0287

0.5

Estimated average burden hours per response:

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* WICKES GENE H				2. Issuer Name and Ticker or Trading Symbol WILLIS TOWERS WATSON PLC [WLTW]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
					THE TOTAL WILLOUTED [WEIW]								Director Officer (girellow)	ve title		10% Own Other (sp below)		
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year)								Head of Benefits Deliv & Admin					
C/O WILLIS GROUP LIMITED 51 LIME STREET					02/06/2020													
(Street) LONDON X0 EC3M 7DQ			4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Indiv	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person								
(City) (State) (Zip)			(Zip)											-,			,	
			Table I - Non	-Deriv	ative	Securitie	es A	cquired	Dis	posed	of, or Bene	ficially O	wned					
1. Title of Security (Instr. 3) 2. Trans Date (Month/I					2A. Deemed Execution Date if any (Month/Day/Yea		e, Transaction Dispose Code (Instr.			urities Acquired (A) or sed Of (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Following R	Form Owned (D) or Reported (I) (In		Direct Ir ndirect B r. 4) O	7. Nature of ndirect Beneficial Ownership		
								v	Amour	nt (A) or (D)	Price	Transaction (Instr. 3 and			(1	nstr. 4)		
											f, or Benefi		ned					
1. Title of Derivative Security (Instr. 3)	rivative Conversion Date Execution		3A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Inst and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisab		piration ate	Title	Amount or Number of Shares		Transaction(s (Instr. 4))		
Restricted Share Unit	(1)	02/06/2020		A		155.5768 ⁽²⁾		(1)		(1)	Ordinary Shares, nominal value \$0.000304635 per share	155.5768	\$0	2,884.78	858	D		

Explanation of Responses:

- 1. Vested shares under the Willis Towers Watson Non-Qualified Stable Value Excess Plan for U.S. Employees settle for Ordinary Shares, nominal value \$0.000304635 per share, on a 1:1 basis on the first business day of the month on which the NASDAQ Stock Market is open for business following the earlier of (i) the date that is 6 months after the reporting person's separation from service and (ii) the date that is 30 days after the reporting person's death.
- 2. Includes restricted share units acquired pursuant to the Company's contribution under the terms of the Willis Towers Watson Non-Qualified Stable Value Excess Plan for U.S. Employees and credited to the participant's

/s/ Gene H. Wickes by Elaine Wiggins, Attorney-in-Fact (power of attorney previously

02/10/2020

filed)

** 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.