FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Nashington. | D.C. | 20549 | |
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| Check this box if no longer subject to |
|--|
| Section 16. Form 4 or Form 5 |
| obligations may continue. See |
| In atmostic a 1 (b) |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 OMB Number: Estimated average burden hours per response: 0.5

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* Gebauer Julie Jarecke | | | | 2. Issuer Name and Ticker or Trading Symbol WILLIS TOWERS WATSON PLC [WLTW] | | | | | | | | ationship of Reporting all applicable) Director Officer (give title | | p Person(s) to Issuer 10% Owne Other (spec | | | | |
|---|---|--|---|---|---|------------------------------------|-----|--|-------|--|--|---|---|---|--------------|---------------------------------------|--|--|
| (Last) (First) (Middle) C/O WILLIS GROUP LIMITED 51 LIME STREET | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/15/2016 | | | | | | | | below) below) Head of Human Capital&Benefi | | | , | | |
| (Street) LONDO (City) | N X | CO State) | EC3M 7DQ (Zip) | | 4. If Amendment, Date of Ori | | | | | | | | ndividual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| 1. Title of Security (Instr. 3) 2. Trans Date | | | Transac | action 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. 4. Secur Transaction Dispose | | of, or Beneficially urities Acquired (A) or led Of (D) (Instr. 3, 4 and 5) | | 5. Amount of | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| Table II - | | Table II - De | rivati | ve Se | curities Aca | | Cod | | Amour | of, or Benefic | Price | Transactio (Instr. 3 an | | | (iiis | | | |
| | | | | | | | | | | | tible securit | | Wileu | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transaction Code (Instr. 8) | | Derivative | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported | Owne Form Direct or Ind (I) (Ins | (D) irect | Beneficial Ownership (Instr. 4) | | |
| | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | Amount or Number of Shares | | Transactio (Instr. 4) | on(s) | | | |
| Restricted Share Unit | \$0 | 07/15/2016 | | A | | 3.5971 ⁽¹⁾ | | (2) | | (2) | Ordinary Shares, nominal value \$0.000304635 per share | 3.5971 | \$0 | 1,782.62 | 253 Г | | | |
| Restricted Share Unit | \$0 | 07/15/2016 | | A | | 2.398 ⁽³⁾ | | (2) | | (2) | Ordinary Shares, nominal value \$0.000304635 | 2.398 | \$0 | 1,785.02 | 233 [| | | |

Explanation of Responses:

- 1. Represents dividends acquired pursuant to the participant's deferral election under the Towers Watson Non-Qualified Deferred Savings plan for US Employees (the "Plan").
- 2. Restricted share units settle 6 months after date of termination of reporting person.
- 3. Represents dividends acquired pursuant to the Company's matching contribution on the participant's deferral election pursuant to the terms of the Plan and credited to the participant's account in the form of RSUs

/s/ Julie J. Gebauer by Thomas Scholtes, Attorney-in-Fact (power of attorney previously filed)

07/19/2016

** 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.