FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

_			
STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL OMB Number: 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)

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* GOLKIN PERRY					2. Issuer Name and Ticker or Trading Symbol WILLIS GROUP HOLDINGS LTD [WSH]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
GULK	IN PERR	<u>.Y</u>			1		10 011	001	1101		,00 21	<u></u>]	X	Directo	r		10% Ow	ner
(Last)	(F	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 05/08/2004							Officer (give title below)			Other (specify below)			
C/O KOHLBERG KRAVIS ROBERTS & CO. L.L.P.					05/	/08/2	004												
9 WEST 57TH ST 41ST FLOOR				4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable						
(Ctroot)				,										Line)			_	5	
(Street) NEW Y(ORK N	v	10019											X		led by One I	•	Ü	
NEW IC	JKK N	I	10019										Form filed by More than One Reporting Person						
(City)	(S	tate)	(Zip)																
		Tab	ole I - Non	-Deriv	ativ	e Se	curities	s Ac	quired	, Dis	sposed c	f, or Be	nefi	cially	/ Owned	l			
1. Title of Security (Instr. 3) 2. Transa Date (Month/D			Day/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year		Transaction Disp Code (Instr. 5)		n Disposed	urities Acquired (A) sed Of (D) (Instr. 3,			Securitie Beneficia Owned F	Securities For Beneficially (D) Owned Following (I)		Direct of Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount (A) or (D)		r P	rice	Reported Transaction(s) (Instr. 3 and 4)				Instr. 4)
		-	Table II - [osed of				Owned	,			
1. Title of Derivative Security (Instr. 3) Conversion or Exercise Price of Derivative Security		3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Date, T	4. Transaction Code (Instr. 8)		n of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				c	Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	or	ount nber ires					
Phantom Units	(1)	05/08/2004 ⁽²⁾			A		297.32		(3)		(3)	Common Stock	29'	7.32	\$35.929	4,117.81 ⁽	4)	D	

Explanation of Responses:

- 1. Phantom Stock units convert to common shares on a one-for-one basis.
- 2. The transaction date is the date on which the shares were priced under the Willis Group Holdings Limited Non-Employee Director's Deferred Compensation Plan and such shares credited to the reporting person's account within the plan.
- 3. These shares of phantom stock become payable, in cash or common stock, at the election of the reporting person, upon the reporting person's termination of service as a director.
- 4. This totals incorporates the addition of 19 shares from the reinvestment of dividends earned on the phantom units under this plan.

WILLIAM P BOWDEN, as attorney-in-fact for Perry

Golkin ** Signature of Reporting Person Date

05/10/2004

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.