FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Vashington,	D.C.	20549	

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STATEMENT O	F CHAN	IGES	IN	BE	NEF	ICIA

1961, 2.3. 230 10	OMB APPROVAL				
ES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-0287			
LO III BEILEI IOIXE OVIILEIOIIII	Estimated average burden				

0.5

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).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

					01 5	ection 30(n)	OI trie	e invesimen	Comp	ally Ac	21 01 1940							
	nd Address of Joseph S	Reporting Person*						ker or Tradin RS WAT			<u>C</u> [ WTW ]		ationship of F all applicab Director		Person(	s) to Issuer	or	
												_ ,,	Officer (q	ive title		Other (spe		
(Last)	(F	First)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year)						X	below)			below)	ooy		
C/O WILLIS GROUP LIMITED					01/11/2024							PAO and Controller						
		F LIMITED		ŀ	Λ If Λn	nondmont I	Data (	of Original Fi	lad (Ma	onth/Do	w/Voor\	6 Indi	vidual or Joir	t/Croup Ei	ling (Ck	hook Applied	hlo Lino)	
51 LIME	E STREET				4. II AII	ienument, i	Jale	oi Originai Fi	ieu (ivic	טוונוו/טפ	ay/rear)	V. IIIdi		by One R	• .		ible Lille)	
												^		•	•	ne Reportino	Person	
(Street)	ar x	70	EC2M 7DO	-									1 01111 1110	a by Worc	unan Oi	ic reporting	71 013011	
LONDO	IN A	Κ0	EC3M 7DQ		Rule 10b5-1(c) Transaction Indication													
(City)	(8	State)	(Zip)			Check this box to indicate that a transaction was made pursuant to a coaffirmative defense conditions of Rule 10b5-1(c). See Instruction 10.						contract, instruction or written plan that is intended to satisfy the						
			Table I - Non-	Deriva	ative	Securitie	s A	cquired,	Dispo	osed	of, or Bene	ficially O	wned					
1. Title of	Security (Inst	tr. 3)		. Transa					(A) or	or 5. Amount of				'. Nature of				
Date (Month					Day/Year) Execution Date if any (Month/Day/Yea			Code (Instr.			3, 4 and 5)	Beneficially		(D) or In	Indirect B	eneficial		
													Following (I) (In		(I) (Instr		wnership nstr. 4)	
						Code	v	Amoun	nt (A) or Price		Transaction(s) (Instr. 3 and 4)			Ι'	,			
												<u></u>		,				
											f, or Beneficible securit		/ned					
		1	·	.g., p	uis, c													
1. Title of Derivative	2. Conversion	3. Transaction Date	3A. Deemed Execution Date.	4. Transa	5. Number of Derivative Expiration Date 7. Title and Amou								10. Ownership	11. Natur				
Security or Exercise (Month/Day/Year) if any Code			Code (	(Instr.   Securities   (Month/Day/Year)   Deriva				Derivative Security (Instr.   S		Derivative Securities (Instr. 5)		s	Form: Be	Beneficia Ownersh				
(Instr. 3)	Derivative		(Month/Day/Year)	8)		Acquired (A) or Disposed of 3 and 4)							(IIISII. 5)	Owned			(Instr. 4)	
	Security					(D) (Instr. 3, 4 and 5)								Following Reported Transaction(s) (Instr. 4)	´			
									Amount	1	on(s)							
								Date	Evni	ration		or Number		(				
				Code	v	(A)	(D)	Exercisable			Title	of Shares						
							П				Ordinary							
Restricted	(1)	01/11/2024		A		33.4251 <sup>(2)</sup>		(1)		(1)	Shares, nominal value	33.4251	\$247.07	275.24	02	D		
Share Unit		01/11/2024		'`		55.42511		` ` `			\$0.000304635	33.1231	\$247.07	273.24	~~			
		l	l	I	1 1		1 1		1		per share	I						

## **Explanation of Responses:**

- 1. Restricted share units settle for Ordinary Shares, nominal value \$0.000304635 per share, on a 1:1 basis 6 months after the reporting person's termination date.
- 2. Includes restricted share units acquired pursuant to the Willis Towers Watson Non-Qualified Deferred Savings Plan for U.S. Employees (the "Plan"), including the participant's deferral election under the Plan and the Company's matching contribution on the participant's deferral election credited to the participant's account in the form of restricted share units under the Plan.

/s/ Joseph S. Kurpis by Elaine Wiggins, Attorney-in-Fact (power of attorney previously filed)

01/12/2024

\*\* 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.