FORM 4

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

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OMB APPROVAL								
OMB Number:	3235-0287							

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Estimated average burden hours per response:

	Check this box if no longer subject to
ì	Section 16. Form 4 or Form 5
J	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

Name and Address of Reporting Person*     Hess Carl Aaron					2. Issuer Name and Ticker or Trading Symbol WILLIS TOWERS WATSON PLC [ WLTW ]									(Check	tionship of R all applicabl Director Officer (gi	e)	10% Owner		
(Last) (First) (Middle) C/O WILLIS GROUP LIMITED 51 LIME STREET					3. Date of Earliest Transaction (Month/Day/Year) 04/20/2017								X	X Officer (give rate of the capetaly below)  Head of IRR					
(Street) LONDON X0 EC3M 7DQ				4. If Amendment, Date of Original Filed (Month/Day/Year)							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)																
			Table I - Non	-Deriv	ative	Securitie	s A	cqu	ired, D	isp	osed	of, or Bene	fici	ially Ov	vned				
			2. Transaction Date (Month/Day/Year)		Execution if any	2A. Deemed Execution Date, if any (Month/Day/Year		Transaction I		4. Securities Acquired (A) on Disposed Of (D) (Instr. 3, 4 a			5. Amount of Securities Beneficially Following R	Owned eported	6. Own Form: (D) or I (I) (Inst	Direct Indirect Itr. 4)	7. Nature of Indirect Beneficial Ownership		
								Code V	,	Amoun	nt (A) or (D) Pri		rice	Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
	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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code ( 8)	ction Derivative Ex		Expi	5. Date Exercisable and Expiration Date Month/Day/Year)  6. Date Exercisable and Expiration Date Securities Underlying Derivative Security and 4)			ing	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Followin	ve Owner ies Form ially Direct or Inc. ng (I) (In	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Code	v	(A)	(D)	Date Exer	e Expira		iration e	Title	Nu	nount or mber of ares		Reported Transaction(s) (Instr. 4)			
Restricted Share Unit	(1)	04/20/2017		A		158.7875 <sup>(2)</sup>			(1)		(1)	Ordinary Shares, nominal value \$0.000304635 per share		8.7875	\$129.86	2,237.076		D	
Restricted Share Unit	(1)	04/20/2017		A		92.6288 <sup>(3)</sup>			(1)	(:		Ordinary Shares, nominal value \$0.000304635 per share	92	2.6288	\$0	2,329.7	7048	D	

## **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 participant's deferral election under the Willis Towers Watson Non-Qualified Deferred Savings Plan for US Employees (the "Plan").
- 3. Includes restricted share units 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 forms of restricted share units under the Plan

/s/ Carl A. Hess by Elaine Wiggins, Attorney-in-Fact (power of attorney previously filed)

04/24/2017

Date

\*\* Signature of Reporting Person

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.