FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-028							
Estimated average burden								

hours per response:

0.5

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

			01 360		vestment oon	ipany Act of 1940							
1. Name and Address of Reporting Person [*] Furman Matthew				Name and Ticker of IS TOWERS		nbol <u>N PLC</u> [WTW]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
(Last) C/O WILLIS ((First) GROUP LIMITED	3. Date c 04/11/2	of Earliest Transacti 024	ion (Month/Da	//Year)	X	(specify						
51 LIME STREET			4. If Ame	ndment, Date of O	riginal Filed (N	lonth/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person						
(Street)								Form filed by More	e than One Report	ting Person			
LONDON	X0	EC3M 7DQ	Rule	Rule 10b5-1(c) Transaction Indication									
(City)	(State)	(Zip)		Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.									
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned													
1. Title of Security (Instr. 3) 2. Trans Date (Month/				2A. Deemed Execution Date, if any	3. Transaction Code (Instr.	4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a		5. Amount of Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect	7. Nature of Indirect Beneficial			

 (Month/Day/Year)
 if any (Month/Day/Year)
 Code (Instr. 8)
 Code (Instr. 8)
 Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)
 (D) or Indirect (I) (Instr. 4)
 Beneficially Ownership (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)				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 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 Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)		
Restricted Share Unit	(1)	04/11/2024		A		258.4508 ⁽²⁾		(1)	(1)	Ordinary Shares, nominal value \$0.000304635 per share	258.4508	\$260.31	2,798.1416	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 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/ Matthew Furman by Elaine

 Wiggins, Attorney-in-Fact

 (power of attorney previously

 filed)

 ** Signature of Reporting Person

 Date

04/15/2024

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.