SEC Form 4	
------------	--

FORM 4

Washington, D.C. 20549

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden

0.5

hours per response:

Check this box if no longer subject to	ST
Section 16. Form 4 or Form 5 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(b) of the Investment Company Act of 1940

						()			. ,												
1. Name and Address of Reporting Person* <u>WICKES GENE H</u>						2. Issuer Name and Ticker or Trading Symbol WILLIS TOWERS WATSON PLC [WLTW]								e)	Person(s) to Issuer 10% Owner						
		·	65 10.5	— L					X	Officer (gir below)	ve title		Other (s below)	specify							
) (First) (Middle) WILLIS GROUP LIMITED 3. Date of Earliest Transaction (Month/Day/Year) IME STREET 11/04/2021									Head of	Benefit	s Deliv	v & Adm	in							
(Street)						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person							
LONDO	2N 2	X0	EC3M 7DQ										X Form filed by One Reporting Person Form filed by More than One Reporting Perso								
(City)	(State)	(Zip)													·	-				
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
Date				2. Transa Date (Month/Da		2A. Deemed Execution Date, if any (Month/Day/Year	Code	Transaction Code (Instr.		4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
					Code	v	V Amount (A) (D)		(A) or (D)	Price	(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 2. 3. Transaction 3A. Deemed 4. 5. Number of 6. Date Exercisable and 7. Title and Amou									ount of	8. Price of	9. Numb	er of	10.	11. Nature							

1. Title of Derivative Security (Instr. 3)			3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)		Derivative Securities Acquired (A) Disposed of	Derivative		Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Securities Underlying Derivative Security (Instr. 3		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)	11/04/2021		A		140.6561 ⁽²⁾		(1)	(1)	Ordinary Shares, nominal value \$0.000304635 per share	140.6561	\$0	4,832.0792	D			

Explanation of Responses:

1. Vested shares under the Willis Towers Watson Non-Qualified Stable Value Excess Plan for U.S. Employees settle for Ordinary Shares, nominal value \$0.000304635 per share, on a 1:1 basis on the first business day of the month on which the NASDAQ Stock Market is open for business following the earlier of (i) the date that is 6 months after the reporting person's separation from service and (ii) the date that is 30 days after the reporting person's death.

2. Includes restricted share units acquired pursuant to the Company's contribution under the terms of the Willis Towers Watson Non-Qualified Stable Value Excess Plan for U.S. Employees and credited to the participant's account.

> /s/ Gene H. Wickes by Elaine Wiggins, Attorney-in-Fact 11/08/2021 (power of attorney previously filed) ** 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.