FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

OMB APPROVAL													
OMB Number:	3235-0287												
Estimated average burden													
hours per response:	0.5												
	OMB Number: Estimated average burden												

Filed pursuant to Section 16(a) of the Securities Exchange Act of 19
Flied pursuant to Section 10(a) of the Securities Exchange Act of 13
or Section 20(b) of the Investment Company Act of 1040

Section obligat	this box if no lo 1 16. Form 4 or ions may conti tion 1(b).		STAT		d pursu	DF CHA ant to Section section 30(h)	on 16	i(a) of t	he Sec	curitie	es Excha	ange Ac	t of 1934		Ρ	Estim	Number: ated ave per resp	rage burden	3235-0287 0.5
1. Name and Address of Reporting Person <sup>*</sup> Gunn Joseph					2. Issuer Name and Ticker or Trading Symbol <u>WILLIS TOWERS WATSON PLC</u> [ WLTW ]								(Check	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner V Officer (give title Other (specify					
(Last) (First) (Middle) C/O WILLIS GROUP LIMITED 51 LIME STREET					3. Date of Earliest Transaction (Month/Day/Year) 07/09/2020								X Onicer (give title Other (specify below) below) Head of North America						
(Street) LONDO	N 2	ζ0	EC3M 7DQ		4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Indiv X	dividual or Joint/Group Filing (Check Applicable Lin K Form filed by One Reporting Person Form filed by More than One Reporting Person				,			
(City)	(	State)	(Zip)																
1. Title of Security (Instr. 3) Date			2. Transa Date				te, 3. Ti ear) 8)	, ransac ode (In )	tion .	str.		A) or	Swned 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		Form: Direct Ir (D) or Indirect B (I) (Instr. 4) C		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
			Table II - I (			ecurities alls, war									/ned				
Security or (Instr. 3) Pri De	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)				Secur			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exerc	isable	Exp Dat	piration te	Title		Amount or Number of Shares		(Instr. 4			
Restricted Share Unit	(1)	07/09/2020		A		15.2051 <sup>(2)</sup>		(	1)		(1)	Sh nomin	linary ares, al value	15.2051	\$199.02	1,247.	.1715	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 participant's deferral election under the Willis Towers Watson Non-Qualified Stable Value Excess Plan for U.S. Employees.

/s/ Joseph Gunn by Elaine Wiggins, Attorney-in-Fact 07/13/2020 (power of attorney previously filed) Date

\*\* Signature of Reporting Person

\$0.000304635 per share

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 $\ast$  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.