FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APP	ROVAL
OMB Number:	3235-028

37 Estimated average burden hours per response: 0.5

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

					UI S	Secui	UII 30(II)	or the r	nvesine	iii Cui	прапу Аст	01 194	.0								
Name and Address of Reporting Person* Hess Carl Aaron						2. Issuer Name and Ticker or Trading Symbol WILLIS TOWERS WATSON PLC [WLTW									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
,	arr ran on				. []										37		er (give title			specify	
(Last)	(Fir	rst) (Middle)											4	X	belov	v) ``		below)		
C/O WILLIS GROUP LIMITED						3. Date of Earliest Transaction (Month/Day/Year) 02/26/2019									Head of IRR						
51 LIME STREET					02/	02/20/2019															
					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
(Street)															ne) X	Form	filed by One	Dono	rting Doro	on	
LONDON X0 EC3M 7DQ			Q											Λ	Form filed by One Reporting Person Form filed by More than One Reporting						
					-											Pers		e man	опе кер	orung	
(City)	(St	ate) (Zip)																		
		Tabl	e I - Non	-Deriv	ative	Se	curitie	s Acc	quired,	Dis	posed o	f, or	Bene	eficia	ally (Owne	ed				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					Day/Year) i		2A. Deemed Execution Date, if any (Month/Day/Year		Transaction Code (Instr. 5		4. Securities Acquired (AD Disposed Of (D) (Instr. 3, 5)			, 4 and S B O		5. Amount of Securities Beneficially Owned Following Reported		nership Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount		(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)				(11150.4)	
Ordinary Shares, nominal value \$0.000304635 per share				02/26/2019					A		8,327	327 ⁽¹⁾ A		\$	0	37,316.083			D		
		Та	ble II - D								sed of, onvertib				y Ov	vned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date, Transaction Code (Inst					6. Date E Expiratio (Month/I	n Dat		Amou		str. 3			9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ov Fo Dii or (I)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amo or Num of Sha	nber							

Explanation of Responses:

1. Represents the number of performance-based restricted share units earned upon the certification of the achievement of certain pre-established performance goals based on relative total shareholder return during a three-year performance period that ended on December 31, 2018, each of which represents the right to receive one ordinary share of the Issuer upon its vesting on March 15, 2019 subject to the terms of the award agreement. This number also includes the number of ordinary shares of the Issuer that are issuable pursuant to the dividend equivalent right under the terms of the award agreement providing for the accrual of dividends in the form of additional restricted share units that vested and are payable at the same time as the underlying performance-based restricted share units.

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

02/28/2019

** 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.