FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPROVAL											
	OMB Number:	3235-0287										
l	Estimated average burden											
ı	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 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* <u>Gunn Joseph</u>														5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner				
(Last) (First) (Middle) C/O WILLIS GROUP LIMITED 51 LIME STREET					3. Date of Earliest Transaction (Month/Day/Year) 02/13/2019							X	X Officer (give title Other (specify below) Head of North America					
(Street) LONDON X0 EC3M 7DQ					4. If Amendment, Date of Original Filed (Month/Day/Year)							- 1	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(5	State)	(Zip)															
			Table I - Non-	Deriva	ative S	Securitie	s Ac	cquire	ed, Di	spose	d of, o	r Benef	ficially C	wned				
1. Title of Security (Instr. 3) 2. Trans Date (Month/I				ate	2A. Deemed Execution Date if any (Month/Day/Ye.		e, Transaction C Code (Instr.		on Dispo	I. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a			5. Amount of Securities Beneficially Following	y Owned (6. Own Form: I (D) or I (I) (Inst	Direct Ir ndirect B r. 4) C	7. Nature of Indirect Beneficial Ownership	
									ode V	Amo	ınt	(A) or (D)	Price	Reported Transaction (Instr. 3 and			"	nstr. 4)
			Table II - De			curities alls, war								vned				
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)	Transaction Code (Instr. 8)		Derivative I		Expirat	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlyin Derivative Security (I 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securitie Beneficia Owned Following Reported	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)		Date Exercis		Expiratio Date	n Title		Amount or Number of Shares		Transacti (Instr. 4)	ion(s)		
Restricted Share Unit	(1)	02/13/2019		A		37.6801 ⁽²⁾		(1))	(1)	Sl nomii \$0.00	dinary nares, nal value 0304635 share	37.6801	\$0	492.67	715	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 credited to the participant's account by the Company pursuant to the Willis Towers Watson Non-Qualified Stable Value Excess Plan for U.S. Employees (the "Plan") accrual formula, net of the units acquired pursuant to the participant's deferral election under the Plan.

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

02/15/2019

** 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.