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: 3235-0287

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

ed	pursuant to	Section	16(a)	of the	Securities	Exchange	Act of	1934
	or Contion	20(h) of	tho is	avoctor	ont Comp	any Act of	1040	

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					ors	Section 30(h) of th	e investme	ent Co	mpany A	ct of 1940							
1. Name and Address of Reporting Person [*] Bodnar Anne Donovan				2. Issuer Name and Ticker or Trading Symbol WILLIS TOWERS WATSON PLC [WLTW]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
												x	Director Officer (gi below)	ve title	10% Owner Other (specify below)			
(Last) (First) (Middle) C/O WILLIS GROUP LIMITED 51 LIME STREET					3. Date of Earliest Transaction (Month/Day/Year) 02/09/2018							,	luman F	Resourc	ces Office	r		
(Street)	N 2	K0	EC3M 7DQ		4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Indiv X	 Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person 						
(City)	(State)	(Zip)															
			Table I - Nor	-Deriv	/ative	Securitie	es A	cquired	, Dis	posed	of, or Be	nefi	icially O	vned				
1. Title of Security (Instr. 3) 2. Trans Date (Month/			saction 2A. Deemed Execution Date (Day/Year) if any (Month/Day/Year)		Code (Instr.		4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4		a) or 4 and 5)	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 (Instr. 4)				
					Code	v	Amount (A) or (D)		Price	(Instr. 3 and 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)	Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Code (Instr.) 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amour Securities Underly Derivative Security and 4)		rlying	8. Price of Derivative Security (Instr. 5)	9. Numb derivativ Securitie Benefici Owned Followin Reported	ve Owr es Forr ially Dire or Ir ng (I) (I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisat		xpiration ate	Title	- P	Amount or Number of Shares			tion(s)		
Restricted Share Unit	(1)	02/09/2018		A		134.5173 ⁽²⁾		(1)		(1)	Ordinary Shares, nominal val \$0.0003046	ue	134.5173	\$152.14	262.4	1038	D	

Explanation of Responses:

1. Vested shares under the Non-Qualified Stable Value Excess Plan for U.S. Employees ("the Plan") 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 Plan and credited to the participant's account.

/s/ Anne D. Bodnar by Elaine Wiggins, Attorney-in-Fact

per share

02/13/2018

(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.