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								

iled pursuant to Section 16(a) of the Securities Exchange Act of 19	34
or Section 30(h) of the Investment Company Act of 1940	

Section obligat	this box if no lo n 16. Form 4 or ions may conti tion 1(b).		STAT		d pursu		on 16	6(a)	of the Sec	uritie	es Excha	IAL OW		SHI	Ρ	Estim	Number: ated ave per resp	rage burden	3235-0287 0.5	
1. Name and Address of Reporting Person [*] Gunn Joseph						2. Issuer Name and Ticker or Trading Symbol <u>WILLIS TOWERS WATSON PLC</u> [WLTW]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Cofficer (give title Other (specify					
(Last) (First) (Middle) C/O WILLIS GROUP LIMITED 51 LIME STREET				3. Date of Earliest Transaction (Month/Day/Year) 11/10/2020									X Onice (give nue below) below) Head of North America							
(Street) LONDON X0 EC3M 7DQ (City) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year)								6	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
			Table I - Non	-Deriv	ative	Securitie	es A	cq	quired, D	Disp	osed	of, or Ben	eficial	ly C	wned					
Date				2. Transa Date (Month/D		Executio r) if any	2A. Deemed Execution Date if any (Month/Day/Yea		3. Transact Code (Ins) 8)	ction Dispos		rities Acquired ed Of (D) (Instr		l 5)	5. Amount of Securities Beneficially Following Reported		Form:	Direct I Indirect I tr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	V Amoun		t (A) or Price		•	Transaction(s) (Instr. 3 and 4)				,iiisti. 4j	
			Table II - D									f, or Benef ible secur		Ov	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)	4. 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 Amount of Securities Underlying Derivative Security (Instr. 3 and 4)			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)	Beneficial Ownership (Instr. 4)		
				Code	v	(A)	(D)		ate xercisable	Exp Dat	piration te	Title	Amou or Numb of Sha	er		(Instr. 4)				
Restricted Share Unit	(1)	11/10/2020		A		36.2856 ⁽²⁾			(1)	(1)		Ordinary Shares, nominal value \$0.000304635 per share		856	\$0	1,341.4645		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 11/12/2020 (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.