FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL	
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OMB Number: 3235-0287 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).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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*  Bodnar Anne Donovan						2. Issuer Name <b>and</b> Ticker or Trading Symbol WILLIS TOWERS WATSON PLC [ WLTW ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  Officer (give title Other (spec					
						3. Date of Earliest Transaction (Month/Day/Year) 08/14/2018									X Officer (give title Officer (specify below)  Chief Human Resources Officer					
(Street) LONDON X0 EC3M 7DQ					4. If Amendment, Date of Original Filed (Month/Day/Year)							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 - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)  2. Transa Date (Month/L					Execution if any	2A. Deemed Execution Date if any (Month/Day/Yea		e, Transaction Dispos Code (Instr.			urities Acquired (A) or led Of (D) (Instr. 3, 4 and 5			5. Amount of Securities Beneficially Following R	Owned (D) or (I) (Ins		Direct Ir Indirect B tr. 4) C	'. Nature of ndirect Beneficial Ownership		
									Code	V Amount		nt (A) or (D)		Price	Transaction(s) (Instr. 3 and 4)		(1		nstr. 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)	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) Disposed of (Instr. 3, 4 ar 5)	Exp	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	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code	v	(A)	(D)	Dat Exe	te ercisable	Expir Date	ration	Title	N	mount or umber of nares		Transactio (Instr. 4)	on(S)			
Restricted Share Unit	(1)	08/14/2018		A		142.7117 <sup>(2)</sup>			(1)	(	(1)	Ordinary Shares, nominal value \$0.000304635 per share	14	42.7117	\$147.13	705.178	8	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
- 2. Includes restricted share units acquired pursuant to the Company's contribution under the terms of the Willis Towers Watson Non-Qualified Stable Value Excess Plan for U.S. Employees and credited to the participant's account.

/s/ Anne D. Bodnar by Elaine Wiggins, Attorney-in-Fact (power of attorney previously

08/16/2018

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.