FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	$D \subset$	20540	
washington,	D.C.	20549	

STATEMENT	OF CHANGES	IN BENEFIC	JAL OWNERS	SHIP

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

	Check this box if no longer subject
٦	Section 16. Form 4 or Form 5
J	obligations may continue. See
	Instruction 1(h)

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* Hess Carl Aaron				2. Issuer Name and Ticker or Trading Symbol WILLIS TOWERS WATSON PLC [WTW]									tionship of R all applicabl Director		Person((s) to Issuer	ner	
(Last) (First) (Middle) C/O WILLIS GROUP LIMITED						3. Date of Earliest Transaction (Month/Day/Year) 04/12/2023								Officer (gir below) Chi	ef Exec	utive (Other (sp below) Officer	ecify
51 LIME STREET				4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Indiv	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person						
(Street)														Form filed	by More	than O	ne Reportin	g Person
LONDO	N X	ζ0	EC3M 7DQ		Rule 10b5-1(c) Transaction Indication													
(City)	()	State)	(Zip)	,	Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.										y the			
			Table I - Non	-Deriv	/ative	Securitie	s A	cquired,	Disp	osed	of, or Be	nef	icially Ov	wned				
1. Title of Security (Instr. 3) 2. Trans Date (Month/				2A. Deemed Execution Dat Day/Year) if any (Month/Day/Year)		n Date	e, Transaction Disp Code (Instr.			urities Acquired (A) or sed Of (D) (Instr. 3, 4 and 5			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)		Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	v	Amount		or	Price	(Instr. 3 and			1	iiisti. 4)
			Table II - [Securities calls, war								ned				•
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. Transa Code (8)		5. Number o Derivative Securities Acquired (A) Disposed of (Instr. 3, 4 ar	or (D)	Expiration D	5. Date Exercisable and Expiration Date Month/Day/Year)		7. Title and Amount Securities Underlyin Derivative Security and 4)		rlying	8. Price of Derivative Security (Instr. 5)	9. Numb derivativ Securitie Benefici Owned Followin Reporte	re es ally	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable		oiration e	Title		Amount or Number of Shares		Transaction(s) (Instr. 4)			
Restricted Share Unit	(1)	04/12/2023		A		692.6309 ⁽²⁾		(1)		(1)	Ordinary Shares, nominal val \$0.0003046 per share	lue 335	692.6309	\$237.2	6,969.	4337	D	

Explanation of Responses:

- 1. Restricted share units settle for Ordinary Shares, nominal value \$0.000304635 per share, on a 1:1 basis 6 months after the reporting person's termination date.
- 2. Includes restricted share units acquired pursuant to the Willis Towers Watson Non-Qualified Deferred Savings Plan for U.S. Employees (the "Plan"), including the participant's deferral election under the Plan and the Company's matching contribution on the participant's deferral election credited to the participant's account in the form of restricted share units under the Plan.

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

04/14/2023

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.