FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

<b>STATEMENT</b>	OF CHANGES I	N BENEFICIAL	OWNERSHIP

OMB APPRO	VAL
OMB Number:	3235-0287
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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>Davies Susan Dorrance</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) 11/07/2019								X Officer (give title Other (specify below)  PAO and Controller						
(Street) LONDON X0 EC3M 7DQ				4. If Amendment, Date of Original Filed (Month/Day/Year)					6.	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-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
Date				action 2A. Deemed Execution Date, if any (Month/Day/Year)		e, T	Transaction Dispose Code (Instr. 8)		urities Acquired (A) or led Of (D) (Instr. 3, 4 a		and 5) Securities Beneficially Following		Owned (D)	6. Own Form: I (D) or I (I) (Inst	Direct Inndirect B	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									c	Amount (A) or (D)		Price		Reported Transaction(s) (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)	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		Expira	6. Date Exercisable and Expiration Date (Month/Day/Year)		e and	7. Title and Amoun Securities Underly Derivative Security 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exerc	cisable	Expi Date	ration	Title	Amou or Numb of Sha	er		(Instr. 4)	ransaction(s) nstr. 4)		
Restricted Share Unit	(1)	11/07/2019		A		36.4023 <sup>(2)</sup>		(	(1)	(	(1)	Ordinary Shares, nominal value \$0.000304635 per share	36.40	)23	\$0	203.61	199	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
- 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

/s/ Susan D. Davies by Elaine Wiggins, Attorney-in-Fact (power of attorney previously filed)

11/11/2019

Date

\*\* Signature of Reporting Person

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.