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FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	OMB Number:	3235-0287								
	Estimated average burden									

0.5

hours per response:

Check this box if no longer subject to	STAT
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

					01	Section 30(n)	) 01 111	e mve	estiment	Comp	pany Au	21 01 194	iU							
1	nd Address of ES GENE		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)								
										x	Director Officer (gi below)	ve title		10% Ow Other (s below)						
(Last) (First) (Middle) C/O WILLIS GROUP LIMITED 51 LIME STREET						3. Date of Earliest Transaction (Month/Day/Year) 11/08/2018								Head of Benefits Deliv & Admin						
(Street) LONDON X0 EC3M 7DQ					4. If Amendment, Date of Original Filed (Month/Day/Year)								<ul> <li>Individual or Joint/Group Filing (Check Applicable Line)</li> <li>X Form filed by One Reporting Person</li> <li>Form filed by More than One Reporting Person</li> </ul>							
(City)																				
			Table I - Non	-Deriv	ative	Securitie	es A	cqui	ired, C	Dispo	osed	of, or	Bene	ficially O	wned					
1. Title of Security (Instr. 3) 2. Trans Date (Month/					Saction Day/Year) 2A. Deemed Execution Dat if any (Month/Day/Year)			e, Transaction Dispos Code (Instr.		urities Acquired (A) or sed Of (D) (Instr. 3, 4 an		A) or 3, 4 and 5)	d 5) 5. Amount of Securities Beneficially Following F Transaction		/ Owned (D) or Reported (I) (Ins		7. Nature of ndirect Beneficial Dwnership Instr. 4)			
								Code V A		Amoun	Int (A) or PI		Price	(Instr. 3 and 4)				(11501.4)		
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. Transa Code 8)		Disposed of	rivative		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount Securities Underlyir Derivative Security and 4)		erlying	8. Price of Derivative Security (Instr. 5)	9. Numb derivati Securiti Benefic Owned Followin Reporte	ve ies ially ng	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership t (Instr. 4)	
				Code	v	(A)	(D)	Date Exerc	rcisable	Expi Date	iration e	Title		Amount or Number of Shares	ount or http://www.inter.or		a ction(s) )			
Restricted Share Unit	(1)	11/08/2018		A		202.6816 <sup>(2)</sup>			(1)		(1)	Sha nomina \$0.000	inary ares, al value 304635 share	202.6816	\$0	1,466.	.6705	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 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/ Gene H. Wickes by Elaine

Wiggins, Attorney-in-Fact (power of attorney previously filed) \*\* Signature of Reporting Person Date

11/13/2018

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.