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 I	ourden								

0.5

hours per response:

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

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Name and Address of Reporting Person*     Shalders David				2. Issuer Name and Ticker or Trading Symbol WILLIS TOWERS WATSON PLC										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
															Direc	ctor		10% C		
(Last) (First) (Middle)				1										X	Office belov	er (give title v)		Other ( below)	specify	
` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '					3. Date of Earliest Transaction (Month/Day/Year)										Head- Operations & Technology					
C/O WILLIS GROUP LIMITED				11/0	11/09/2016															
51 LIME STREET				<u> </u>																
					4. If A	Amer	ndment,	Date o	f Origina	l Filed	I (Month/Da	ay/Yea	r)		Indivi ne)	dual o	r Joint/Group	Filing	(Check A	pplicable
(Street)														'	X	Form	a filed by One	n Donor	rting Dorc	on
LONDON X0 EC3M 7DQ			Q												Form filed by One Reporting Person					
															Form filed by More than One Reporting Person					
(City)	(St	ate) (	Zip)																	
		Tabl	e I - Noi	n-Deriva	ative	Sec	uritie	s Acc	quired,	Dis	posed o	f, or	Ben	eficia	ally (	Dwne	ed			
1. Title of Security (Instr. 3) 2. Transac Date				ction	2A. Deemed Execution Date,			3. 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4								ount of		. Ownership form: Direct	7. Nature of Indirect	
				(Month/D	ay/Year	)   if	any		Code (Instr.			OI (D) (IIISII. 3, 4			` в		Beneficially (I		D) or Indirect	Beneficial
					(N	(Month/Day/Year)		8)							Owned Following (Reported		(I) (Instr. 4)	Ownership (Instr. 4)		
									Code	v	Amount	( <i>A</i>	() or ()	Price			action(s) 3 and 4)			. ,
Ordinary	Shares non	ninal value				$\top$														
Ordinary Shares, nominal value \$0.000304635 per share				2016				S		305(1)	D \$1		\$117	.18 7,5		,572 <sup>(2)</sup>	1	D		
<del>ψυ.υυυυυ</del>	TOOO PET SIN																			
		Та									sed of,				y Ov	ned				
			(	e.g., pu	ıts, ca	ılls,	warr	ants,	option	ıs, c	onvertib	le se	curi	ties)						
1. Title of Derivative Security	2. Conversion or Exercise	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any	Date,	4. Transac Code (Ir				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities			8. Pri Deriv Secu	ative	9. Number o derivative Securities	Ow	10. Ownership Form:	11. Nature of Indirect Beneficial
(Instr. 3)	Price of Derivative		(Month/Da	ay/Year)	8)	)		Securities Acquired		Ur					(Instr. 5)		Beneficially Owned		Direct (D) or Indirect	Ownership (Instr. 4)
Security					(A) or			Derivative Security (Instr					str. 3			Following (		(Instr. 4)	(	
							Disposed of (D)			and 4)					Reported Transaction (Instr. 4)		(s)			
						(Instr. 3, 4 and 5)														
				-			+					$\vdash$	Δm	ount						
													or							
									Date		Expiration		of	nber						
	1					١/	(A)	ו מו) ו	Evereies	hla I	Date	Title	Sha	rec						

## **Explanation of Responses:**

- 1. Represents the number of shares required to be sold by the reporting person to cover tax obligations in connection with the vesting of restricted share units ("RSUs").
- 2. Includes 5,915 RSUs subject to the satisfaction of vesting requirements.

/s/ David Shalders by Cindy Hanna, Attorney-in-Fact (power of attorney previously

11/11/2016

<u>filed)</u>

\*\* 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.