Gabelli Healthcare & WellnessRx Trust Form 4 September 29, 2014

September 29,	2014										
FORM	14 UNITED STATES SECURITIES AND EXCHANGE COMMISSION							OMB APPROVAL			
	UNITED S	TATES		FIES AN ington, D			GE C	OMMISSION	OMB Number:	3235-0287	
	Check this box						Expires:	January 31,			
if no longer subject to	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF Estimated average										
Section 16.			SECURITIES						burden hou		
Form 4 or Form 5	T '1 1		response Section 16(a) of the Securities Exchange Act of 1934,							0.5	
obligations may continu <i>See</i> Instruct 1(b).	e. Section 17(a) of the		ty Holdin	ig Comp	any A	Act of	1935 or Section	n		
(Print or Type Res	ponses)										
1. Name and Address of Reporting Person <u>*</u> ALPERT BRUCE N			2. Issuer Name and Ticker or Trading Symbol Gabelli Healthcare & WellnessRx					5. Relationship of Reporting Person(s) to Issuer			
			Gabelli Ho Trust [GR		& Welln	iessk	X	(Chec	k all applicable)	
(Last)	(First) (Middle) 3. Date of Ea (Month/Day			Earliest Transaction y/Year)				Director 10% Owner Officer (give titleX Other (specify below) below)			
	INVESTORS, DRPORATE CE	ENTER	09/24/201	4				below) Executi	ve VP of Advis	ser	
	(Street)		4. If Amend	ment, Date	Original			6. Individual or Jo	int/Group Filin	g(Check	
			Filed(Month/	Day/Year)				Applicable Line) _X_ Form filed by C			
RYE, NY 105	80							Form filed by M Person	Iore than One Re	porting	
(City)	(State) (2	Zip)	Table I	- Non-Der	ivative Se	curiti	es Acqu	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction Da			3. Taraa atia	4. Securi			5. Amount of Securities	6. Orana analain	7. Nature of Indirect	
Security (Month/Day/Year) Exec (Instr. 3) any			ition Date, if TransactionAcquired (A) or Code Disposed of (D)					Beneficially	Ownership Form: Direct		
		•	h/Day/Year) (Instr. 8) (Instr. 3, 4 and 5				Owned Following	(D) or Indirect (I)	Ownership (Instr. 4)		
						(A)		Reported Transaction(s)	(Instr. 4)		
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Series B Cumulative Preferred Shares	09/24/2014			Р	4,000	A	\$ 25	4,000	D		
Series B Cumulative Preferred Shares	09/24/2014			Р	4,000	A	\$ 25	4,000	Ι	By Spouse	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

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)	4. Transact Code (Instr. 8)	5. ionNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	5	Date	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
ALPERT BRUCE N C/O GAMCO INVESTORS, INC. ONE CORPORATE CENTER RYE, NY 10580				Executive VP of Adviser			
Signatures							

Signatures

Bruce N. Alpert	09/29/2014
<u>**</u> Signature of Reporting Person	Date

Explanation of Responses:

- 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. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.