FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

| OMB APPROVAL             |           |  |  |  |  |  |  |  |  |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number:              | 3235-0287 |  |  |  |  |  |  |  |  |
| Estimated average burden |           |  |  |  |  |  |  |  |  |

0.5

hours per response:

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

|  | Check this box if no longer subject to                     |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  | Section 16. Form 4 or Form 5 obligations may continue. See |  |  |  |  |  |  |  |  |
|  | obligations may continue. See                              |  |  |  |  |  |  |  |  |
|  | Instruction 1(b).  |  |  |  |  |  |  |  |  |

|   |           |               |  |  | or Secti | on 30(h) of the I             | nvestme                                       | nt Com | pany Act  | of 19                 | 940   |  |   |                      |                 |        |
|---|-----------|---------------|--|--|----------|-------------------------------|---|--------|---|-----------------------|---|--|---|----------------------|-----------------|--------|
| 1. Name and Address of Reporting Person* <u>Hamill Patrick H</u>  |           |               |  | 2. Issuer Name <b>and</b> Ticker or Trading Symbol First Western Financial Inc [ MYFW ]  |          |                               |   |        |   |                       | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) |  |   |                      |                 |        |
|   |           |               |  |  |          |                               |   |        |   |                       |   | X Dire   | ector   | 10% (                | Owner           |        |
| (Last) (First) (Middle)   |           |               |  | 3. Date of Earliest Transaction (Month/Day/Year) 11/01/2018                              |          |                               |   |        |   |                       | Offi<br>bel   | cer (give title<br>ow)   | Other<br>below                                      | (specify<br>)        |                 |        |
| 1900 167  | TH STREET | Г, SUITE 1200 |  |  |          |                               |   |        |   |                       |   |  |   |                      |                 |        |
| (Chara)   |           |               |  | 4. If Amendment, Date of Original Filed (Month/Day/Year)                                 |          |                               |   |        |   |                       | 6. Individual or Joint/Group Filing (Check Applicable Line)             |  |   |                      |                 |        |
| (Street)  DENVE   | R CO      | n 8           | 30202                                  |  |          |                               |   |        |   |                       |   |  | X For   | m filed by On        | e Reporting Per | son    |
| ———   |           |               | 0202                                   |  |          |                               |   |        |   |                       |   |  |   | m filed by Mo<br>son | re than One Rep | orting |
| (City)  | (St       | ate) (        | Zip)                                   |  |          |                               |   |        |   |                       |   |  |   |                      |                 |        |
|   |           | Tabl          | e I - Non                              | -Deriva  | ative Se | curities Acc                  | quired,                                       | Disp   | osed o  | f, o                  | r Bene  | eficia   | lly Owr   | ed                   |                 |        |
| 1. Title of Security (Instr. 3)  2. Transa Date (Month/D  |           |               | ay/Year)                               |  |          |                               | rities Acquired (A)<br>ed Of (D) (Instr. 3, 4 |        |   | d Secu<br>Bene<br>Own | ficially<br>ed Following  | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4)  | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership |                      |                 |        |
|   |           |               |  |  |          | Code                          | v   | Amount |   | (A) or<br>(D)         | Price   |  | rted<br>saction(s)<br>. 3 and 4)                    |                      | (Instr. 4)      |        |
| Common Stock 11/01  |           |               |  |  | /2018    |                               | A   |        | 1,915 <sup>(</sup>  | 1)                    | A   | \$0  | 102,747   |                      | D               |        |
|   |           | Та            |  |  |          | ırities Acqui<br>s, warrants, |   |        |   |                       |   |  | Owne  | i                    |                 |        |
| 1. Title of Derivative Security (Instr. 3)  2. Conversion or Exercise Price of Derivative Security  (Instr. 3)  3. Transaction Date Execution Date, if any (Month/Day/Year) |           | Date,         | 4.<br>Transaction<br>Code (Instr<br>8) | 5. Number of Expiration Date Expiration Date (Month/Day/Year) Securities Acquired (A) or |          | Amount of                     |   |        | 8. Price of Derivative Security (Instr. 5)  8. Price of Derivative Security Security Owned Follow |                       | Ownership<br>Form:  | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |   |                      |                 |        |

## **Explanation of Responses:**

1. Represents 1,915 restricted stock units awarded pursuant to the First Western Financial, Inc. 2016 Omnibus Incentive Plan, as amended and restated, that vest in two substantially equal installments on November 1, 2021, and November 1, 2023, subject to the continued service of the reporting person.

Date

Exercisable

Acquired (A) or Disposed

of (D) (Instr. 3, 4 and 5)

(A) (D)

> /s/ Julie A. Courkamp, attorney-in-fact

Title

Expiration

Date

Security (Instr. 3 and 4)

> Amount or Number

of Shares

11/05/2018

\*\* Signature of Reporting Person

Date

Reported

Transaction(s) (Instr. 4)

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).

Code

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.