FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	

OIVID APPROVAL									
OMB Number:	3235-0287								
Estimated average	ge burden								

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).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*  Wylie Scott C				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)								
(Last)	(Fir	st) (ι Γ, SUITE 1200	Middle)	3. Date of Earliest Transaction (Month/Day/Yea 08/24/2022				r)		X Director 10% Owner  X Officer (give title Other (specify below) below)  CHAIRMAN, CEO AND PRESIDENT										
(Street) DENVE			0202 Zip)	4.	4. If Amendment, Date of Original Filed (Month/Day/Year)							ar)		6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting Person						
		Table	I - Non-Deriva	ativ	e Secu	rities /	Acq	uire	ed, C	Disposed	of, or	Benefi	cia	ally Own	ed					
1. Title of Security (Instr. 3)		Date	2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an 5)			Beneficially Owned Following			6. Ownership Form: Direct (D) or Indirect (I)		7. Nature of Indirect Beneficial Ownership			
						Co	de	v	Amount	(A) or (D)	Price		Reported Transaction (Instr. 3 and	ı(s) I 4)	(Instr. 4)		(Instr.	4)		
Common Stock 08/		08/24/202	2			5	5		2,000(1)	D	\$27.30	6	774,16	52	D					
Common	Common Stock		08/25/202	2			5			2,000(1)	D	\$27.49	9	772,16	52	D				
Common	Stock		08/25/202	2			S			16(1)	D	\$27.74	4	772,14	<b>1</b> 6	D				
Common Stock													2,000	)	I		By V Fami Four			
		Tal	ble II - Derivat (e.g., pı							sposed o					d					
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)	(8)	nsaction de (Instr.	5. Num of Derivat Securit Acquir (A) or Dispos of (D) (Instr. 3 and 5)	Expiration (Month/D) determined in the control of t		6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Expiration Exercisable Date		Amm Sec Und Deri Sec 3 ar	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)  Amou or Numb of Title Share		8. Price of Derivative Security (Instr. 5)	deriva Secur Benef Owner Follow Repor	ities icially d ving ted action(s)	10. Owne Form Direc or Ind (I) (In	t (D) direct	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

## **Explanation of Responses:**

- 1. The sale of shares was made in connection with the scheduled repayment of certain outstanding debt obligations.
- 2. The reporting person serves as President and Trustee of the Wylie Family Foundation. The reporting person disclaims beneficial ownership of these securities except to the extent of his pecuniary interest therein, and the inclusion of these shares in this report shall not be deemed an admission of beneficial ownership of all of the reported shares for purposes of Section 16 of the Securities Exchange Act of 1934, as amended, or for any other purpose.

/s/ Julie A. Courkamp, Attorney-in-Fact

08/26/2022

\*\* 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.