FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL
OWB / II TO V/ IL

OMB Number: Estimated average burden hours per response: 0.5

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

1. Name and Address of Reporting Person* <u>SIPF ERIC D</u>						2. Issuer Name and Ticker or Trading Symbol First Western Financial Inc [MYFW]								S. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
(Last) 1900 167	•	rst) Γ, SUITE 1200	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 09/10/2018								Officer (give title below)				Other (specify below)		
(Street) DENVER CO 80202						4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(Si	•	(Zip)	on Doriv	(ativ	- Soc	ritic		auiro	4 D	isposod (of or B	nofici	ally Owned						
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/			tion	on 2A. Deemed Execution Date,		3. Transa Code (8)	ction	4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership					
							Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)				
Common Stock 09/10/20			018	18			M ⁽¹⁾		5,000	A	(1)	175,585 ⁽²⁾		D						
Common Stock												7,086		I		By Eric & Susan Sipf Family Foundation ⁽³⁾				
		7	Table II								posed of converti			ly Owned					,	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution Date, if any		4. Transaction Code (Instr. 8)				6. Date Expirat (Month	ion Da			ties ig e Security	Derivative Security	deriva Secur Bene Owne Follor Repo Trans	Number of lerivative Securities Seneficially Dwned Following Reported Transaction(s)		ship (D) rect tr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amount or Number of Shares							
Make Whole	\$0	09/10/2018			M ⁽¹⁾			\$0 ⁽¹⁾	(1)		(1)	Common Stock	5,000	1) (1)	(1) 0		D			

Explanation of Responses:

- 1. First Western Financial, Inc. (the "Company") issued such shares of the Company's common stock, no par value, pursuant to Make Whole Rights described in the prospectus filed with the SEC pursuant to Rule 424(b)(4) on July 19, 2018.
- 2. Includes 701 restricted stock units that vest in two substantially equal installments on January 1, 2021, and January 1, 2023, subject to the continued service of the reporting person.
- 3. The reporting person serves as Chairman of the Eric & Susan Sipf 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/ Scott C. Wylie, attorney-in-09/12/2018 **fact**

** 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.