FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL										
OMB Number:	3235-0287									
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0.5

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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(b) of the Investment Company Act of 1940

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1. Name and Address of Reporting Person*					2. Issuer Name and Ticker or Trading Symbol First Western Financial Inc [ MYFW ]							5. Relationship of Reporting (Check all applicable)  X Director			ing Person(s) to I				
(Last)	(Fir	,	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 08/01/2023										Officer (give title below)		Other (s	specify	
1900 16TH STREET, SUITE 1200					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street) DENVE	R CC	8												X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(Sta	ate) (Z	Zip)		Rule 10b5-1(c) Transaction Indication														
	Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is interesting satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.										ended to								
		Table	I - No	n-Derivat	tive S	ecur	ities	Acq	uired,	Dis	oosed of	, or	Bene	ficia	lly Owr	ned			
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day)			Execution Date,			Transaction Dispose Code (Instr. and 5)		Disposed	ities Acquired (A) or d Of (D) (Instr. 3, 4			5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Code	v	Amount	(A (C	A) or D)	Price		ed ction(s) 3 and 4)			` ,	
Common Stock 08/01/2					.023			A		1,208(1)	A A		\$ <mark>0</mark>	4:	41,012				
Common Stock															12,160		I		Sara C. Duncan GST Exempt Marital Trust <sup>(2)</sup>
	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)	1. Title of Derivative Conversion Date Execution Date, or Exercise (Month/Day/Year) if any				4. Transaction Code (Instr. 8)		5. Number			sable and te	1		8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ov Fo Dii or (I)	vnership rm: rect (D) Indirect (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code V (A		(A)	(D)	Date Exercisa		Expiration Date Title Amo		ber						

## **Explanation of Responses:**

- 1. Represents restricted stock units that vest in five substantially equal annual installments beginning on August 1, 2024, subject to the continued service of the reporting person.
- 2. The reporting person is the trustee of this trust. 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 securities for purposes of Section 16 of the Securities Exchange Act of 1934, as amended (the "Exchange Act"), or for any other purpose.

## Remarks:

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

\*\* Signature of Reporting Person

08/03/2023

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.