FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
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	Check this box if no longer subject
٦.	to Section 16. Form 4 or Form 5
J	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

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Name and Address of Reporting Person* SIPF ERIC D					2. Issuer Name and Ticker or Trading Symbol First Western Financial Inc [MYFW]										5. Relationship of Reporting Person(s) to Issu (Check all applicable) X Director 10% Owne						
(Last)	(Fi	rst) (N	t) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 08/01/2023										r (give title)		Other (specify below)		
1900 16TH STREET, SUITE 1200					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) DENVE	treet) DENVER CO 80202												X Form filed by One Reporting Person Form filed by More than One Reporting Person								
(City)	(St	(State) (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 intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.																				
		Table	I - I	Non-Deriva	tive S	Secu	rities	Ac	quire	d, D	isposed	d o	f, or E	3enefic	ially Owr	ned					
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye				2A. Deemed Execution Date, if any (Month/Day/Year			·, 1	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 and 5)				Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
						G	Code	v	Amount		(A) or (D)	Price	Reported Transaction (Instr. 3 and								
Common Stock				08/01/2023					A		1,208(1	.)	Α	\$0	184,316		D				
Common Stock															7,086	õ	I		By Eric & Susan Sipf Family Foundation ⁽²⁾		
		Tab	le I	II - Derivativ (e.g., pu												ed					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Exe if a	Deemed ecution Date, iny onth/Day/Year)		Transaction Code (Instr.		ber vative irities uired or osed) r. 3, 4	Expi (Mor	iration	cercisable and n Date ay/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4		8. Price of Derivative Security (Instr. 5)	deriva Secur Bener Owne Follow Repo	rities ficially ed wing rted action(s)	Form: Direct or Ind		11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exer	: rcisabl	Expirate Date	ion	Title	Amount or Number of Shares								

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 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 securities 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, or for any other purpose.

Remarks:

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

08/03/2023

** 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.