FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

		00540
Vashington,	D.C.	20549

STATEMENT	OF CHAN	IGES IN	BENEFICIAL	OWNERSHIP
OIAILMENT	0. 0	.020	DENE! IOIAL	OTTITLE

OMB APPROVAL							
OMB Number: 3235-0287							
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 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 Instruction 1(b).

Name and Address of Reporting Person* Wylie Scott C						2. Issuer Name and Ticker or Trading Symbol First Western Financial Inc [MYFW]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner							
(Last)	(Fir	st) (M	Midd	lle)	3. Date of Earliest Transaction (Month/Day/Year) 05/01/2024						X Officer (give title below) Other (specify below) CHAIRMAN, CEO AND PRESIDENT										
(Street) DENVE	R CC) 8	020)2	4. If								6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting					n			
(City)	(Sta	ate) (Z	Zip)		Ru	Rule 10b5-1(c) Transaction Indication							Person								
	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 - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
Date			2. Transaction Date (Month/Day/Ye	Execution		n Date,	Tr	3. Transaction Code (Instr. 8)						Beneficially Owned Following				7. Nature of Indirect Beneficial Ownership (Instr. 4)			
							Co	ode	v	Amount		(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)		(IIISUI.	*)		
Common Stock 05/01/2024			Į.			A	\		1,799(1)	A	\$0	759,279		D							
Common	Stock			05/01/2024	4				F		2	2,297	D	\$16.95	756,9	756,982		D			
Common	Stock			05/02/2024	4				F			628	D	\$17.39	756,354 D						
Common	Stock														2,000 I Fai				Fami	Wylie mily undation ⁽²⁾	
	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)	Derivative Conversion Date Execution Date, or Exercise (Month/Day/Year) if any					action (Instr.				6. Date Exercisable and Expiration Date (Month/Day/Year)			Amo Secu Unde Deriv	ele and unt of urities erlying vative urity (Instr. d 4)	Derivative Security (Instr. 5) Benef Owne Follow Repor		ities icially d ving ted action(s)	10. Owne Form: Direct or Ind (I) (Ins	t (D) lirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code V (A) (D					ate xercisab	ole	Expiration Date	Title	Amount or Number of Shares							

Explanation of Responses:

- 1. Represents restricted stock units that vest in five substantially equal annual installments beginning on May 1, 2025, subject to the continued service of the reporting person.
- 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.

Remarks:

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

05/03/2024

** 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.