FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average 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).

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>Landvatter Kent</u>				2. Issuer Name <b>and</b> Ticker or Trading Symbol Finwise Bancorp [ FINW ]							5. Relationship of Repo (Check all applicable) X Director			10% O		Owner			
	(Fir WISE BAN	,	Middle)	n	3. Date of Earliest Trans 11/19/2021					saction (Month/Day/Year)					X Officer (give title Other (sp below)  PRESIDENT AND CEO				
(Street)  MURRA  (City)		7 8	34107 Zip)		4. If A	Amend	ment,	Date (	of Origin	nal File	ed (Month/Da	y/Year)		Line	e) <mark>X</mark> Form	filed by C	ne Rep	porting Pe	
		Table	: I - No	n-Deriva	tive S	Secui	rities	Acc	uirec	l. Dis	sposed of	. or B	enef	icia	llv Own	ed			
1. Title of Security (Instr. 3) 2. To Date		2. Transaction Date (Month/Day/	on 2A. Deemed Execution Date,		3. 4. Securities A		s Acquired (A) or f (D) (Instr. 3, 4 a		or	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)	Pric	e	Reported Transacti (Instr. 3 a	ion(s)			(Instr. 4)
Common Stock, par value \$0.001 per share			11/19/20	021			P		10,000	Α	\$1	0.5	689,014		D				
Common Stock, par value \$0.001 per share													70,2	200		I	By: IRA		
Common Stock, par value \$0.001 per share														90,0	000		I	By: The Landvatter Spousal Access Trust	
		Ta	ble II								osed of, convertib				y Owne	d			
Security (Instr. 3) or Exercise Price of Derivative Security (Month/Day/Year) if any (Month/Day/Year) if any (Month/Day/Year) 8)				of Deriv	rities ired r osed )	Expiration Date Amount (Month/Day/Year) Securiti			nt of ities lying ative ity (Ins	Derivative Security (Instr. 5) Benefi Owner Follow Report Transa		9. Numb derivativ Securitie Beneficie Owned Followin Reported Transact (Instr. 4)	ive ies Form: Direct (I or Indire (I) (Instreed ction(s)		Beneficial Ownership ct (Instr. 4)				
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amou or Numb of Share	er					

**Explanation of Responses:** 

/s/ Kent Landvatter

11/23/2021

\*\* Signature of Reporting Person

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).