FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-0287								
Estimated average burden								
hours per response	: 0.5							

	tion 1(b).			Filed							ities Exchang ompany Act o		f 1934		nours	s per re	esponse:	0.5
Name and Address of Reporting Person* Stolper Michael					2. Issuer Name and Ticker or Trading Symbol ArrowMark Financial Corp. [BANX]								Check all a	nip of Reporti oplicable) ector	ng Pe	erson(s) to Is		
(Last) (First) (Middle) C/O ARROWMARK FINANCIAL CORP.				3. Date of Earliest Transaction (Month/Day/Year) 06/21/2022										Officer (give title below)		Other (below)	specify	
100 FILLMORE STREET, SUITE 325					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) DENVE	R CO) 8	0206											X For	m filed by On m filed by Mo son			
(City)	(St	ate) (2	Zip)															
		Table	I - N	on-Deriva	tive \$	Secui	rities	Ac	quire	d, Di	sposed of	, or B	enefic	ially Ow	ned			
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day				Year) Execu		eemed tion Date, h/Day/Year)		3. Transaction Code (Instr. 8)		s Acquired (A) of (D) (Instr. 3, 4		d 5) Secu Bend Own	nount of irities eficially ed Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) or (D)	Price	Repo Tran (Inst	action(s) 3 and 4)			(Instr. 4)	
Common Stock 06/21/20				022				P		500	A \$18		834	5,300		D		
		Tal	ble II								osed of, convertib				ed			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year	ution Date,	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration Date			7. Title Amou Secur Under Deriva Secur 3 and	nt of ities lying ative ity (Instr.	8. Price o Derivative Security (Instr. 5)		ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirec Beneficial Ownershi (Instr. 4)
			Codo	\ \ '	/ _(A)	(D)	Date	ieablo	Expiration	Titlo	or Number of							

Explanation of Responses:

/s/ Michael Stolper

06/22/2022

** 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.