FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPRO | OVAL | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| 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 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* Feldman Joshua D | | | | | | | 2. Issuer Name and Ticker or Trading Symbol BANK OF HAWAII CORP [BOH] | | | | | | | | | ship of Reporti applicable) rector | ng Pe | erson(s) to Is | | |
|---|---|--------|-------------|---------|---|--|---|---|--|---|---------------------|---|--------------------------------|--------|--|--|------------|---|--|--|
| (Last) (First) (Middle) 130 MERCHANT STREET | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/26/2019 | | | | | | | | | | Officer (give title below) | | | Other (specify below) | | |
| (Street) HONOLU | HONOLULU HI 96813 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | ne) X F | , | | | | |
| | | Tabl | e I - Nor | n-Deriv | ative | Se | curitie | s Ac | quired, | Dis | posed o | f, or | Bene | ficia | ally Ow | ned | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | | Day/Year) if | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Disposed Code (Instr. 8) | | | | | nd Sed Ber Ow | mount of urities leficially ned Following lorted | For (D) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | Code | v | Amount | (| A) or D) | Price | Tra | Transaction(s) Instr. 3 and 4) | | | (1130.4) | | | | |
| Common | Stock | 6/2019 | /2019 | | | A | | 786 | A | | \$ <mark>0</mark> . | 00 | 1,998 | | D | | | | | |
| | | Та | ıble II - C | | | | | | | | sed of, onvertib | | | | y Owne | ed | | | | |
| 1. Title of Derivative Security (Instr. 3) | titve Conversion Date Execution Date, ity or Exercise (Month/Day/Year) if any | | | Date, | 4. Transaction Code (Instr. 8) | | of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. : and 4) | | str. 3 | 8. Price of Derivative Security (Instr. 5) | | y | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | Amo or Num of Sha | ber | | | | | | |

Explanation of Responses:

Remarks:

<u>/s/ Terry Sasamura for Feldman</u> <u>Joshua D by Power of Attorney</u> <u>04/30/2019</u>

** 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.