FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| 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 Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* HEENAN DAVID A | | | | | <u>B</u> / | 2. Issuer Name and Ticker or Trading Symbol BANK OF HAWAII CORP [BOH] | | | | | | | | (Ch | Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | |
|--|---|--|------------------------|-------------------------|--|---|-----|-----------------------------|---|--|---------------------|-----------------|--------------------------------|---|---|--|---|--|----------------|
| (Last) | • | irst) (| Middle | e) | | 3. Date of Earliest Transaction (Month/Day/Year) 01/29/2015 | | | | | | | | | | Officer (give titl below) | | Other below | (specify () |
| PO BOX | . 2900 | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) HONOL | | | 9684 | 6 | - | | | | | | | | | 1 | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (S | | Zip) | | | | | | | | | | | | | | | | |
| 4 Title of | Caarriibe (las | | le I - | Non-Deri | | | | | cquired, | Di | | | | | 5. Amou | | [6 Ow | norship : | . Nature of |
| Dat | | | Date (Month/Day/ | - 1 | Execution Date, | | | Transact Code (In: 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, and 5) | | | | Securitie Benefici Owned | es ially | 6. Ownership Form: Direct (D) or Indirect (I) | Direct I | Indirect Beneficial Ownership | |
| | | | | | | | | Code | v | Amount | (A) o | r Pri | ce | Following Reported Transaction(s) (Instr. 3 and 4) | | (Instr. 4) | | (Instr. 4) | |
| Common | Stock | | | 01/29/20 |)15 | | | | M | | 2,057 | A | \$4 | 7.35 | 31, | 278 | | D | |
| Common | Stock | | | 01/29/20 |)15 | | | | F | | 1,710 | D | \$5 | 6.96 | 29, | 568 | | D | |
| Common Stock | | | 01/29/2015 | | | | M | | 2,191 | A | \$5 | 4.31 | 31, | 31,759 | | D | | | |
| Common | Common Stock | | 01/29/2015 | | | | F | | 2,090 | D | \$5 | 6.96 | 29,669 | | | D | | | |
| Common | Stock | | | | | | | | | | | | ┸ | | 420 I | | | By Family Partnership | |
| Common | ommon Stock | | | | | | | | | | | | | 156 | | I A | | By David Allan Heenan, nc. | |
| | | Ta | able | II - Deriva (e.g., p | | | | | | | osed of converti | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | Execution Date, if any | | 4. Transactiol Code (Instr 8) | | | | 6. Date Exercisa Expiration Date (Month/Day/Yea | | te Amount of | | C C C | 3. Price of Derivative Security Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisab | | Expiration Date | Title | Amo or Num of Shar | ber | | | | | |
| Director Stock Option | \$47.35 | 01/29/2015 | | | M | | | 2,057 | 04/29/200 | 6 | 04/29/2015 | Common Stock | 2,0 | 57 | \$0 | 0 | | D | |
| Director Stock Option | \$54.31 | 01/29/2015 | | | M | | | 2,191 | 04/28/200 | 7 | 04/28/2016 | Common Stock | 2,1 | 91 | \$0 | 0 | | D | |

Explanation of Responses:

DAVID HEENAN

01/30/2015

** Signature of Reporting Person

Date

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.

 $^{^{\}star}$ 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).

| Persons who respond to the collection of ir | nformation contained in this form | n are not required to respond | unless the form displays a curre | ntly valid OMB Number. |
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