FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| 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).

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 * Nichols Victor K | | | | | | | 2. Issuer Name and Ticker or Trading Symbol BANK OF HAWAII CORP [BOH] | | | | | | | | heck all ap | ' ' | | o Issuer 6 Owner | |
|--|--|--|---|-------|-----------|---|---|------|--|-------------------|---|------------|-------------------|---|---|---|--|---------------------|--|
| (Last) (First) (Middle) 130 MERCHANT STREET | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/28/2017 | | | | | | | | | Offi belo | cer (give title ow) | Oth bel | er (specify ow) | |
| (Street) HONOLULU HI 96813 (City) (State) (Zip) | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | ne) X For For | ridual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | | Execution Date, | | | Code (Instr. 5) | | | | | d Secu Bene Owne | ficially ed Following | 6. Ownershi Form: Direct (D) or Indirect (I) (Instr. 4) | of Indirect t Beneficial Ownership | | |
| | | | | | | | | Code | v | Amount (A) or (D) | |) or)) | Price | | action(s) . 3 and 4) | | (Instr. 4) | | |
| Common Stock 04/28/2 | | | | | | | 2017 | | A | | 645 A | | A | \$0.0 | 00 | 2,978 | D | | |
| | 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date if any (Month/Day/Ye | Date, | Code (Ins | | | | 6. Date Expiration (Month/Date (Month)Date (Month/Date (Month)Date (Month/Date (Month)Date | 9 | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | ount | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership tt (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | Num of Shar | . | | | | | |

Explanation of Responses:

Remarks:

VICTOR NICHOLS

05/02/2017

** 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.