FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-0287									
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

					or S	ectio	n 30(n)	or the i	nvestme	ent Co	mpany Act	01 18	940							
1. Name and Address of Reporting Person* FLYGAR BRENT T (Last) (First) (Middle) 130 MERCHANT STREET						2. Issuer Name and Ticker or Trading Symbol BANK OF HAWAII CORP [BOH] 3. Date of Earliest Transaction (Month/Day/Year) 03/01/2018										all app	onship of Reporting Person(s) t all applicable)			suer
																Officer (give below)				
(Street) HONOL			96813 Zip)		4. If <i>i</i>	Amei	ndment,	Date o	of Origina	al Filed	d (Month/Da	ay/Ye	ear)		. Indivi ine) X	Form	r Joint/Group n filed by One n filed by Mor on	e Reporting	Perso	on .
		Tabl	e I - Noi	n-Deriva	ative	Sec	curitie	s Acc	quired	, Dis	posed o	f, o	r Ben	efici	ally (Owne	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)				Execution Date		n Date,	Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)				nd	5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	i	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount (A		(A) or (D)	Price	Trans		action(s) 3 and 4)			(Instr. 4)	
Common Stock 03/01/					/2018		F		199	D \$82.		.13	4,404		D					
		Та									osed of, onvertib				y Ov	ned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	Date, Transacti Code (Ins					6. Date Expirati (Month/	on Dat		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)					9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownersh Form: Direct (D) or Indirec (I) (Instr.) ect	Beneficial Ownership (Instr. 4)
					Codo	.,	(0)	(D)	Date Evereis		Expiration	Tiel	or Nu of	ount						

Explanation of Responses:

Remarks:

/s/ Sharlene Bliss for FLYGAR

BRENT T by Power of

03/05/2018

 $\underline{Attorney}$

** 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.