## 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 <sup>*</sup> HURET ROBERT A					2. Issuer Name and Ticker or Trading Symbol BANK OF HAWAII CORP [ BOH ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
(Last)	(First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 04/14/2016								л		er (give title		(specify	
PO BOX 2900					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) HONOLULU HI 96846													X		orm filed by One Reporting Person			
HONOL	HONOLULU HI 96846			_										Form filed by More than One Reporting Person				
(City)	(5	State)	Zip)															
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned   1. Title of Security (Instr. 3) 2. Transaction 24. Deemed 3. 4. Securities Acquired (A) or 5. Amount of 6. Ownership 7. Nature																	
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day					Exe if a	cution	Date	Transaction Disp Code (Instr. and			curities Acquired ( osed Of (D) (Instr. 3 5)		3, 4	Secur Benef Owne	ities   icially   d	5. Ownership Form: Direct D) or ndirect (I)	7. Nature of Indirect Beneficial Ownership	
								Code	v	Amou	nt (A (D	) or ) P	rice	Following Reported Transaction(s) (Instr. 3 and 4)		Instr. 4)	(Instr. 4)	
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/Year)	4. Transact Code (In 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. 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 Exercisable	Exp	oiration e	Title	Amou or Numb of Share	er					
Direc. Deferred Comp / Plan - BOHC Fund	\$0 <sup>(1)</sup>	04/14/2016		A		116		(2)		(2)	Common Stock	116	5 \$66	.794	21,717 <sup>(3)</sup>	D		

Explanation of Responses:

1. Investment election by reporting person to acquire stock under the Directors' Deferred Compensation Plan at a price equal to the price of derivative security set forth in column 8 (1 for 1).

2. Investment election by reporting person to acquire Bank of Hawaii Corporation stock under the Directors' Deferred Compensation Plan. Distributions to be made at termination of service as a director or earlier at director's option.

3. Securities reported were acquired with reinvested dividends on a periodic basis pursuant to Bank of Hawaii Corporation's Dividend Reinvestment and Stock Purchase Plan.

## <u>ROBERT HURET</u> <u>04/18/2016</u>

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 $^{\ast}$  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.