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

| Name and Address of Reporting Person* HURET ROBERT A | | | | <u>BA</u> | Issuer Name and Ticker or Trading Symbol BANK OF HAWAII CORP [BOH] Date of Earliest Transaction (Month/Day/Year) | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner Officer (give title Other (specify | | | | |
|--|--|--|---------|--------------------------------------|---|-----|--|-------------------|---|---|-----------------|--|--|--|-------------------------------------|------------|
| (Last) | (Fi | rst) (| Middle) | 12/1 | 4/2 | 004 | | | | | | | | elow) | | low) |
| 601 CALIFORNIA STREET, SUITE 2200 | | | | 4. If . | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | ′ . | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | |
| (Street) | | | | | | | | | | | | | - / | orm filed by On | e Reporting | Person |
| SAN FRANCI | ISCO CA | A 9 | 94108 | | | | | | | | | | | orm filed by Mo erson | re than One | Reporting |
| (City) | (Si | tate) (| Zip) | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day) | | | | Execution Date, | | | Code (Instr. and 5) | | | sed Of (D) | | 4 See Be Ow | Amount of curities neficially ned lowing | 6. Ownersh Form: Dire (D) or Indirect (I) (Instr. 4) | | |
| | | | | | | | | Code | v | Amou | nt (A) or (D) | | ce Re | ported nsaction(s) str. 3 and 4) | (Instr. 4) | (ilisu. 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) | | ransaction Number Code (Instr. of | | | 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) | Beneficially | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership ect (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exercisab | | piration te | Title | Amoun or Number of Shares | | | | |
| Direc. Deferred Comp Plan - BOHC Fund | \$0.00 ⁽¹⁾ | 12/14/2004 | | A | | 15 | | (2) | | (2) | Common Stock | 15 | \$50.01 | 3 7,016 | D | |

Explanation of Responses:

- 1. Investment election by reporting person to acquire stock under the Director's 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 restated January 1, 1996 and amended September 1, 1996. Distributions to be made at termination of service as a Director.

ROBERT HURET

12/16/2004

** 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.