FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0104

Estimated average burden hours per response: 0.5

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

PICCS DETERM			. Date of Event Requiring Stater Month/Day/Yea	ment	3. Issuer Name and Ticker or Trading Symbol BANK OF HAWAII CORP [BOH]					
(Last) PO BOX 2900	(First)	(Middle)	2/18/2011		Relationship of Reporting Per (Check all applicable) Director		son(s) to Issuer		5. If Amendment, Date of Original Filed (Month/Day/Year) 08/25/2011	
(Street) HONOLULU (City)		96856 (Zip)			X	Officer (give title below) Vice Chairma	Other (spe below) an	, [6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person	
Table I - Non-Derivative Securities Beneficially Owned										
1. Title of Security (Instr. 4)						ally Owned (Instr. 4)	1		Nature of Indirect Beneficial Ownership (Instr. 5)	
Common Stock						10,804(1)	D			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)										
			ite	Title and Amount of Securit Underlying Derivative Securit 4)			4. Conversi	Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
				Expiration Date	on Title		Amount or Number of Shares	Exercise Price of Derivativ Security	or Indirect (I) (Instr. 5)	

Explanation of Responses:

1. To Amend the Amount of Securities Beneficially Owned on Form 3 Filed March 1, 2011

PETER M. BIGGS

08/25/2011

** 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 5 (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.