FORM 3

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL								
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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*  Hulst Michelle  2. Date Requiring (Month/07/19/				nent	3. Issuer Name and Ticker or Trading Symbol BANK OF HAWAII CORP [ BOH ]									
(Last) (First) (Middle) 130 MERCHANT STREET					Relationship of Reporting Pers (Check all applicable)     X Director		on(s) to Issuer 10% Owner		If Amendment, Date of Original Filed (Month/Day/Year)      Individual or Joint/Group Filing (Check					
(Street) HONOLULU (City)						Officer (give title below)	Other (spe below)	cify	Applicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting Person		y One Reporting Person y More than One			
(City)	Table I - Non-Derivative Securities Beneficially Owned													
1. Title of Security (Instr. 4)						unt of Securities ially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)					
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)														
1. Title of Derivative Security (Instr. 4)			2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Secur Underlying Derivative Secur			4. Conver or Exer	cise	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)			
			Date Exercisable	Expiratio Date	n Title	e	Amount or Number of Shares	Price of Derivat Securit	ive	Direct (D) or Indirect (I) (Instr. 5)				

Explanation of Responses:

## Remarks:

No securities are beneficially owned.

/s/ Terry Sasamura for HULST
MICHELLE by Power of 07/23/2019

<u>Attorney</u>

\*\* Signature of Reporting Person Date

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

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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).