SEC Form 4

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPROVAL											
	OMB APPROVAL OMB Number: 3235-028: Estimated average burden hours per response: 0.5											
l	Estimated average burd	en										
l	hours per response:	0.5										

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	ss of Reporting Perso			er Name and Ticke IK OF HAWA	0		5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last)	(First)	(Middle)	3. Date 09/30	e of Earliest Transa /2023	ction (Month/E	Day/Year)		Director Officer (give title below)		Owner (specify /)	
PO BOX 2900			4. If An	nendment, Date of	Original Filed	(Month/Day/Year)	6. Indiv Line)	ridual or Joint/Grou	p Filing (Check /	Applicable	
(Street)							X	Form filed by On	e Reporting Per	son	
HONOLULU	HI	96846						Form filed by Mo Person	ore than One Rep	oorting	
(City)	(State)	(Zip)	Rule	e 10b5-1(c) ⁻	Fransacti	on Indication					
				Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.							
	Ta	able I - Non	n-Derivative S	ecurities Acq	uired, Disp	oosed of, or Benefi	cially	Owned			
1. Title of Security	(Instr. 3)		2. Transaction Date (Month/Dav/Year)	2A. Deemed Execution Date, if any	3. Transaction Code (Instr.			5. Amount of Securities Beneficially	6. Ownership Form: Direct (D) or Indirect	7. Nature of Indirect Beneficial	

	ny Code (Instr.						(D) or Indirect	of Indirect Beneficial Ownership (Instr. 4)
	Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(1150.4)

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. Transa Code (8)		5. Nu of Deriv Secu Acqu (A) of Dispo of (D) (Instr and 5	rative rities ired r osed	6. Date Exercisable and Expiration Date (Month/Day/Year)		te Amount of		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	Expiration Date	Title	Amount or Number of Shares				
Direc. Deferred Comp / Plan - BOHC Fund	(1)	09/30/2023		A		402		(2)	(2)	Common Stock	402	\$48.12	12,690 ⁽³⁾	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 pursuant to Bank of Hawaii Corporation's Dividend Reinvestment and Stock Purchase Plan.

Remarks:

/s/ Katherine Lamb for APOLIONA HAUNANI by Power of Attorney

10/02/2023

** 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.