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FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number: 3235-02									
Estimated average burden									
hours per response.	0.5								

Direct (D) or Indirect (I) (Instr. 4)

D

Ownership (Instr. 4)

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

	tion 1(b).		File	d pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940										llouis	per res	sponse.	0.5	
Name and Address of Reporting Person*     Nichols Victor K					2. Issuer Name and Ticker or Trading Symbol BANK OF HAWAII CORP [ BOH ]							(Ch	Relationship eck all appli X Directo	cable)	ng Pers	son(s) to Is		
(Last)	(First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 09/30/2023									Officer below)	(give title		Other (below)	specify
130 MERCHANT STREET				4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)														X Form	filed by On	e Repo	orting Perso	on
HONOL	ULU H	I	96813											Form Perso		re thar	one Repo	orting
(City)	(S	State)	Rule 10b5-1(c) Transaction 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.													
		Tab	le I - No	n-Deriv	ative S	ecurities A	cqu	iired,	Disp	osed (	of, c	or Ben	eficial	ly Owne	d			
1. Title of Security (Instr. 3)  2. Transar Date (Month/Date					Execution Date,		3. Transaction Code (Instr. 8)						Securition Benefici	5. Amount of Securities Beneficially Owned Following Reported		: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount		(A) or (D)	Price	Transac	Transaction(s) (Instr. 3 and 4)			(Instr. 4)
		7				curities Acc ls, warrant								Owned				
1. Title of Derivative Security (Instr. 3)	Conversion Date Execution Date, or Exercise (Month/Day/Year) if any		4. Transactio Code (Inst 8)	action of Ex			. Date Exercisable and xpiration Date Month/Day/Year)			itle and ount of urities lerlying		8. Price of Derivative Security (Instr. 5)  9. Number derivative Securities Beneficial		:	10. Ownership Form: Direct (D)	11. Nature of Indirect Beneficial Ownership		

## **Explanation of Responses:**

(1)

Price of Derivative

Security

Direc. Deferred Comp /

Plan -

BOHC Fund

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).

Securities Acquired (A) or Disposed of (D)

(Instr. 3, 4 and 5)

(A) (D)

547

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.

Date

Exercisable

(2)

Expiration Date

(2)

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

Code

A

## Remarks:

/s/ Katherine Lamb for Nichols Victor K by Power of Attorney

Underlying Derivative Security

Amount or Number

Shares

547

(Instr. 3 and 4)

Title

Stock

\$48.12

Reported Transaction(s)

12,517(3)

10/02/2023

Owned Following

(Instr. 4)

\*\* 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).

09/30/2023

\*\* 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.