# Form 13F Filer Information

 $\begin{array}{c} 0000046195 \\ \text{Filer CIK} \end{array} \text{Filer CCC File Number} \begin{array}{c} 12\text{-}31\text{-}2023 \\ \text{Period} \end{array}$ 

Is this a LIVE or TEST Filing? Would you like a return copy?

Radio button checked LIVE Radio button not checked TEST

Checkbox checked YES

Is this an electronic copy of an official filing submitted in paper format? Checkbox not checked YES

## **Submission Contact Information**

Name

Phone

**Email Address** 

#### **Notification Information**

Notify via Filing website only? Checkbox not checked YES

Notification will automatically be sent to the Login CIK, Submission Contact, and Primary Issuers. Specify additional addresses below.

#### **Notification Email Addresses:**

# United States Securities and Exchange Commission Washington, D.C. 20549

## OMB APPROVAL

OMB Number: 3235-

0006

Estimated Average burden

hours per response.....23.8

# Form 13F

# Form 13F Cover Page

Report for the Calendar Year or Quarter Ended: 12-31-2023

Check here if Amendment: Amendment Number:

This Amendment (Check only one.): Checkbox not checked is a restatement.

Checkbox not checked adds new holdings entries.

# **Institutional Investment Manager Filing this Report:**

Name: BANK OF HAWAII CORP

130 MERCHANT STREET Address: HONOLULU HI 96813

Form 13F File Number: 028-10844

CRD Number (if applicable):

SEC File Number (if applicable):

The institutional investment manager filing this report and the person by whom it is signed hereby represent that the person signing the report is authorized to submit it, that all information contained herein is true, correct and complete, and that it is understood that all required items, statements, schedules, lists, and tables, are considered integral parts of this form.

# Person Signing this Report on Behalf of Reporting Manager:

Name: Dean Y. Shigemura

Title: Vice Chair & Chief Financial Officer

Phone: 18886433888

# Signature, Place, and Date of Signing:

Dean Y. Shigemura Honolulu, HAWAII 02-14-2024

[Signature] [City, State] [Date]

Do you wish to provide information pursuant to Special Instruction 5? Radio button not checked Yes Radio button checked No

### **Additional Information**

## **Report Type (Check only one.):**

Checkbox not checked 13F HOLDINGS REPORT. (Check here if all holdings of this reporting manager are reported in this report.)

Checkbox checked 13F NOTICE. (Check here if no holdings reported are in this report, and all holdings are reported by other reporting manager(s).)

Checkbox not checked 13F COMBINATION REPORT. (Check here if a portion of the holdings for this reporting manager are reported in this report and a portion are reported by other reporting manager(s).)

# List of Other Managers Reporting for this Manager

[If there are no entries in this list, omit this section.]

Name Form 13F File No. CRD No. (if applicable) SEC File No. (if applicable) CIK Bank of Hawaii 028-00416

[Repeat as necessary.]