FORM 4

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

Washington, D.C. 20549

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours per response:	0.5								

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Name and Address of Reporting Person*     Crofts Sharon M						2. Issuer Name and Ticker or Trading Symbol BANK OF HAWAII CORP [BOH]									neck all		o of Reportir licable) tor	ng Pers	son(s) to 1		
(Last) 130 MEI	ast) (First) (Middle) 30 MERCHANT STREET						3. Date of Earliest Transaction (Month/Day/Year) 12/31/2013									Office elov	,	Other (specify below)		` '	
(Street) HONOLU (City)			6813 Zip)		4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)									e) <mark>X</mark> F	orm	or Joint/Group Filing (Check Applicable on filed by One Reporting Person on filed by More than One Reporting				
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
1. Title of Security (Instr. 3)  2. Transactic Date (Month/Day/					//Year)	eemed ution D th/Day	ate,	Transaction Dispos Code (Instr. and 5)		4. Securit Disposed and 5)				3, 4 Secu Ben Own		cially I	6. Ownership Form: Direct (D) or Indirect (I)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) or (D)		Price	Re Tr	Following Reported Fransaction(s) (Instr. 3 and 4)		(Instr. 4)		(111501. 4)	
Common	013				F		653		D :	\$ <mark>59</mark> .	).14 2		3,362		D						
Common												2,076		I		Owned by spouse					
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)	if any	eemed tion Date, h/Day/Year)		Transaction Code (Instr. 3)		mber ative rities ired rosed . 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Exercisable Expiration Date			7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)  Amou or Numb of Title Share		unt ber	nt er		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ov Fo Di or (I) 4)	vnership vrm: rect (D) Indirect (Instr.	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

**Explanation of Responses:** 

**SHARON CROFTS** 

01/03/2014

\*\* 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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 4 (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).