FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-0								
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).

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* WO ROBERT W JR				<u>B</u> /	2. Issuer Name and Ticker or Trading Symbol BANK OF HAWAII CORP [BOH]							(Ch	Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last)	(F	irst) (Middle)		3. Date of Earliest Transaction (Month/Day/Year) 07/01/2024							Office below	Other (sp below)		pecify			
P.O. BOX 2900				4. I	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) HONOLULU HI 96846												Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City) (State) (Zip)				Rı	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.													
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
1. Title of Security (Instr. 3) 2. Transact Date (Month/Date				•	Execution Dat			e, Transaction Disposed Code (Instr. 5)		rities Acquired (A) o ed Of (D) (Instr. 3, 4		Beneficially Owned Followir		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
				Amount						(A) o	(A) or (D) Price		Reported Transaction(s) (Instr. 3 and 4)		(Instr. 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/Yea	Code (6. Date Exercisa Expiration Date (Month/Day/Yea		Amount of		f g Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly OF	0. Iwnership orm: irect (D) r Indirect) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Ex _i	piration te	Title	Amount or Number of Shares						
Direc. Deferred Comp / Plan - BOHC Fund	(1)	07/01/2024		A		392		(2)		(2)	Common Stock	392	\$56.71	30,762 ⁽⁾	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 WO ROBERT W JR by Power of 07/02/2024 **Attorney**

** 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.