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

| 1. Name and Address of Reporting Person [*] Crofts Sharon M | | | | | | 2. Issuer Name and Ticker or Trading Symbol BANK OF HAWAII CORP [BOH] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | |
|---|--|---|--|--|--|--|---|------|--|--------|--------------------|--|----------------|-----------------------|--|-------|---|--|-----------------------|--|
| (Last) 130 MEI | (Fir RCHANT S | , | | 3. Date of Earliest Transaction (Month/Day/Year) 02/28/2013 | | | | | | | | | x | | er (give title w) | 0 | Other (specify below) | | | |
| (Street) HONOLU (City) | HONOLULU HI 96813 | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Indiv ne) X | , | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| Date | | | | 2. Transac Date (Month/Day | y/Year) | Exect if any | A. Deemed xecution Date, any Month/Day/Year) | | Transaction Dis | | | curities Acquired (/ /sed Of (D) (Instr. 3) | | | 4 Securi Benefi Owned | | icially d | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | | Code | v | Amount | | A) or D) | Price | | Following Reported Transaction(s) (Instr. 3 and 4) | | (Instr. 4) | | | |
| Common Stock 02/28/20 | | | | | 013 | 13 | | F | | 654 | | D | \$48 | 8.39 2 | | 3,723 | D | | | |
| Common Stock | | | | | | | | | | | | | | 2 | | 2,022 | 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 | | | tion Date, | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4) | | I | 8. Price of Derivative Security (Instr. 5) | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owners Form: Direct or Indi (I) (Inst 4) | D) rect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | or Nu of | nount mber ares | | | | | | |

Explanation of Responses:

SH<u>ARON CROFTS</u>

03/01/2013

** 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.