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* HURET ROBERT A | | | | | 2. Issuer Name and Ticker or Trading Symbol BANK OF HAWAII CORP [BOH] | | | | | | | | (Check all | | ing Person(s) to Issuer | | | |
|--|--|--|---|---------------------------------|---|-----|-----|---|---|--------------|---|--------------------------------------|---|--|--|--|--|--|
| (Last) | ` | irst) (| Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 01/15/2016 | | | | | | | | | fficer (give title elow) | | Other (specify below) | | |
| PO BOX 2900 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) | • | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (S | tate) (| Zip) | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day | | | | | Execution Date, | | | r, Transaction Dispo | | | curities Acquired (osed Of (D) (Instr. i) | | 4 Sec Bei Ow | mount of urities leficially ned lowing | Form (D) o | ect (I) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | Code | v | Amou | unt (A) or (D) | | Rejice Tra | eported ransaction(s) nstr. 3 and 4) | | 1.4) | (111501.4) | |
| 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/Year) | 4. Transac Code (Ir 8) | | | | 6. Date Exercisable an Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivati Security (Instr. 5 | Beneficiall | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | wnership orm: irect (D) r Indirect) (Instr. | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exercisable | | iration e | Title | Amoun or Numbe of Shares | | | | | | |
| Direc. Deferred Comp / Plan - BOHC Fund | \$0 ⁽¹⁾ | 01/15/2016 | | A | | 133 | | (2) | | (2) | Common Stock | 133 | \$58.26 | 21,457 ⁽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 on a periodic basis pursuant to Bank of Hawaii Corporation's Dividend Reinvestment and Stock Purchase Plan.

ROBERT HURET 01/20/2016
** 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.