FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, I | D.C. 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 Instruction 1(b).

| 1. Name and Address of Reporting Person* BURAK MARK A | | | 2. Issuer Name and Ticker or Trading Symbol BANK OF HAWAII CORP [BOH] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | | | | |
|--|--|--|--|--|--|---|-----|--|---------------------|--|---|---------------------------------|---|--|---|--|---------------------------------------|--------------------|------------|
| (Last) | , | (First) (Middle) | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/28/2023 | | | | | | | | | Office | er (give title v) | | Other (s below) | specify |
| PO BOX | PO BOX 2900 | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) | ULU H | I 9 | 6846 | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (S | tate) (Z | Zip) | | Rul | 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/Day | | | | | Exec if any | Deemed cution Date, y nth/Day/Year) | | 3. Transaction Code (Instr. 8) 4. Securities Acquii Disposed Of (D) (In | | | | Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or Pri | се | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) |
| Common Stock 04/28/2 | | | | | ′2023 | | | | A | | 1,342 | A | . \$4 | 18.43 | 13,701 | | | D | |
| | 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) | ative Conversion Date Execution Date, if any | | 4. Transaction Code (Instr. 8) | | of Deriv Secu Acqu (A) o Dispo of (D (Instr | of Expirat | | Date Exercisable and xpiration Date flonth/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4) | | De Se (In | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | y [| 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | |
| | | | | | Code V | | (A) | (D) | Date Exercisable | | Expiration Date | Title | Amou or Numb of Shares | er | | | | | |

Explanation of Responses:

Remarks:

/s/ Katherine Lamb for BURAK MARK A by Power 05/01/2023 of Attorney

** Signature of Reporting Person

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.